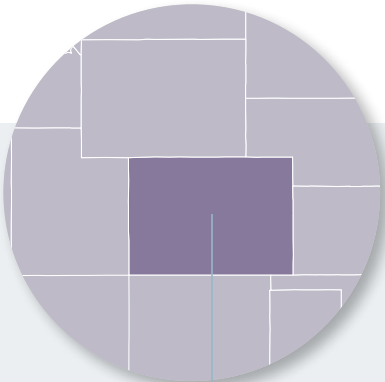


Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

COLORADO (CO)



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

Colorado'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 Colorado'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. Colorado'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 Information is current as of April 2018.

Summary of Findings

- Colorado's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition for EPSDT, described below, incorporates a preventive purpose.
 - Medically necessary means that a Medical Assistance program good or service: A) will, or is reasonably expected to prevent diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a core of treatment that includes mere observation or no treatment at all; B. Is provided in accordance with professionally recognized standards for health care in the United States; C. Is clinically appropriate in terms of type, frequency, extent, site, and duration; D. Is not primarily for the economic benefit of the provider or primarily for the convenience of the client, caretaker, or provider; F. Is not experimental or investigational; and G. Is not costlier than other equally effective treatment options.
- According to CMS, in 2016, Colorado selected 9 of the 10 pediatric preventive care measures in the Child Core Set; the HPV vaccination measure was not selected.
- Colorado'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 on PCP visits; well care visits for children in the 1st 15 months of age, children ages 3 to 6 years, and adolescents ages 12-21; childhood and adolescent immunizations; chlamydia screening; and BMI documentation.
- Colorado's Accountable Care Collaboratives are implementing a several child health performance improvement projects related to well child care, childhood immunizations, BMI assessment, and follow-up communication between referring primary care providers and pediatric obesity specialty clinics. The state is also implementing financial incentives to encourage specific pediatric preventive care improvements.

Promising Practice

Colorado's Healthy Communities Program connects Medicaid's EPSDT program and its separate CHIP program to ensure that children and pregnant women receive needed preventive care, linkages to a medical and dental home, and needed referrals. Family coordinators provide initial orientation to newly insured families about their benefits and available services, answer questions, troubleshoot enrollment issues, and follow-up on missed appointments.

Comparison of CO EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	Number of Well Child Visits by Age	CO EPSDT	Bright Futures
U = Universal (all screened)	- Birth through 9 months	7	7
S = Selective (only those of higher risk)	- 1 through 4 years	7	7
U/S = Universal and selective requirements	- 5 through 10 years	6	6
	- 11 through 14 years	4	4
	- 15 through 20 years	6	6

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	CO 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 CO EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

Code	Universal (U) and Selected (S) Screening Requirements	CO EPSDT	Bright Futures
U = Universal (all screened)	Early Childhood (Ages 1-4)		
S = Selective (only those of higher risk)	- Length/height & weight	U	U
U/S = Universal and selective requirements	- 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 Colorado’s 2016 quality performance information on pediatric preventive care measures reported to CMS⁶, as well as their use of financial incentives for pediatric preventive care.

Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set	CO	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	91.8	95.2
• Ages 25 months-6 years (in past year)	79.2	87.7
• Ages 7-11 (in past 2 years)	83	90.9
• Ages 12-19 (in past 2 years)	82.7	89.6
- % of children by 15 months receiving 6 or more well-child visits	44.6	60.8
- % of children ages 3-6 with one or more well-child visits	57.4	68
- % of adolescents ages 12-21 receiving 1 well care visit	32.7	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	52.7	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	65.2	70.3
- % of sexually active women ages 16-20 screened for chlamydia	47.9	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	—	20.8
- % of children ages 3-17 whose BMI was documented in medical records	60.7	61.2
- % of children ages 1-20 with at least 1 preventive dental service	50.6	48.2

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

References

- ¹Hagan 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.
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- 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.
- ⁶Quality information from the CMS Medicaid/CHIP child core set for federal fiscal year 2016 was obtained from: <https://data.medicare.gov/Quality/2016-Child-Health-Care-Quality-Measures/wnw8-atzy>.

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