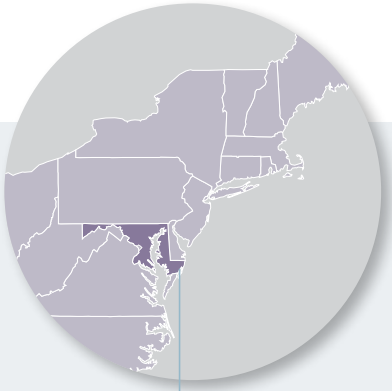
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



MARYLAND (MD)

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

Maryland'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 Maryland'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. Maryland'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

- Maryland's 2018 EPSDT periodicity schedule is the same as Bright Futures. The state's screening recommendations are very similar to Bright Futures.
- The state's medical necessity definition for EPSDT, described below, incorporates a preventive purpose.
  - "Medically necessary" means that the service or benefit is 1) directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition; b) Consistent with current accepted standards of good medical practice; c) the most cost-efficient service that can be provided without sacrificing effectiveness or access to care; and d) not primarily for the convenience of the consumer, family, or provider.
- According to CMS, in 2016, Maryland selected all 10 pediatric preventive care measures in the Child Core Set.
- Maryland's quality performance rates for all 10 pediatric preventive care measures, as shown in the table below, were higher than the national average.
- Maryland has performance improvement projects underway related to lead screening, childhood and adolescent immunizations, and well child and adolescent visits.

Promising Practices

- Maryland's Healthy Kids/EPSDT program has a team of nurses who serve as regional consultants to MCOs and participating providers. This team performs a vital role by certifying new providers who plan to serve Medicaid children under 21, providing orientation and staff training on EPSDT standards and procedures, conducting quality improvement activities, and helping to ensure that children receive recommended preventive care services and needed referrals. They also coordinate with local health departments, WIC, Head Start, and foster care. Maryland has defined its EPSDT requirements in the Maryland Healthy Kids Program Manual, which includes the provider application for certification and participation, and the Healthy Kids preventive care recommendations.
- Maryland's Medicaid program has created a performance report card, which allows both consumers and providers to compare health plans. Among the 6 topics that plans are "graded" on are two related to children 1) "Keeping Kids Healthy," which includes immunizations, regular doctor and dentist visits, and lead screening, and 2) "Care for Kids with Chronic Illness," which includes satisfaction measures on doctor giving personal attention, children getting the medicines they need, doctors or nurses knowing the child's needs, and doctors involving parents in decision-making.

Comparison of MD EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Maryland's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Maryland 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. See Bright Futures periodicity information for complete information.
- NS = not specified
- A = although weight for length is not specified in Maryland's EPSDT schedule, it is included in their training and included in their program's manual.
- B = although fluoride varnish is not included in Maryland's EPSDT schedule, it is a covered service for children. Maryland Medicaid pays for fluoride varnish when applied by the pediatrician, nurse practitioner, or physician assistant in the primary care or dental setting. After the age of 3, fluoride varnish is paid for when applied by the dentist.
- O = Objective by standardized testing.
- S = Subjective by history/ observation.
- * = Counseling and testing recommended when positive

See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	MD 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	MD EPSDT	Bright Futures
Infancy (Birth-9 months)		
- Length/height & weight	U	U
- Head circumference	U	U
- Weight for length	A	U
- Blood pressure	S	S
- Vision	O/S	S
- Hearing	O/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	NS	U
- Anemia	U	S
- Lead	U	S
- Tuberculosis	U/S	S
- Oral health	U/S	U/S
- Fluoride varnish	S	U
- Fluoride supplementation	B	S
- Nutrition assessment	U	—

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

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O = Objective by standardized testing.

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See Bright Futures/AAP Periodicity Schedule for complete information.

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

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are the Maryland'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	MD	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	97.0	95.2
• Ages 25 months-6 years (in past year)	93.1	87.7
• Ages 7-11 (in past 2 years)	94.9	90.9
• Ages 12-19 (in past 2 years)	92.6	89.6
- % of children by 15 months receiving 6 or more well-child visits	67.3	60.8
- % of children ages 3-6 with one or more well-child visits	81.4	68
- % of adolescents ages 12-21 receiving 1 well care visit	65.6	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	82.2	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	85.0	70.3
- % of sexually active women ages 16-20 screened for chlamydia	57.5	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	28.1	20.8
- % of children ages 3-17 whose BMI was documented in medical records	64.3	61.2
- % of children ages 1-20 with at least 1 preventive dental service	53.7	48.2

Pediatric Preventive Care Financial Incentives, 2016	MD	US
- Use of preventive incentives for consumers	Yes	NA
- Use of performance incentives for providers	Yes	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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