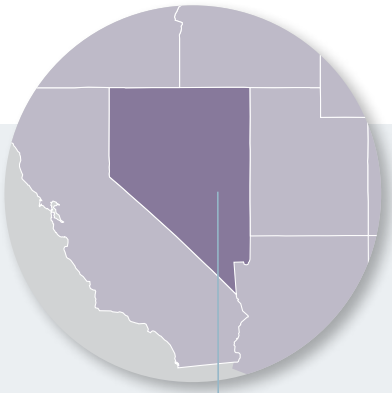
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



NEVADA (NV)

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

Nevada'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 Nevada'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. Nevada'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

- Nevada's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition, described below, incorporates a preventive purpose.
  - A health care service or product that is provided for under the Medicaid state plan and is necessary and consistent with generally accepted professional standards to diagnose, treat or prevent illness or disease, regain functional capacity, or reduce or ameliorate effects of an illness, injury or disability. The determination of medical necessity is made on the basis of the individual case and takes into account: 1) type, frequency, extent, body site, and duration of treatment with scientifically based guidelines of national medical or health care coverage organizations or government agencies, 2) level of service that can be safely and effectively furnished and for which no equally effective and more conservative or less costly treatment is available, 3) services are delivered in the setting that is clinically appropriate to the specific physical and mental/behavioral health care needs of the recipient, and 4) services are provided for medical or mental/behavioral reasons rather than for the convenience of the recipient, the recipients caregiver, or the health care provider. Medical necessity should take into account the ability of the service to allow recipients to remain in community-based settings, when such a setting is safe and there is not less costly, more conservative, or more effective setting.
- According to CMS, 2016, Nevada selected 9 of the 10 pediatric preventive care measures in the Child Core Set. The measure not selected was chlamydia screening.
- Nevada's quality performance rates, as shown in the table below, were the same as or higher than the national average for childhood and adolescent immunizations, HPV vaccinations, and BMI documentation. The state had lower rates than the national average for PCP visits, well care visits for the 3 child/adolescent age groups, and preventive dental services.
- The state has several pediatric preventive care performance improvement projects underway related to well child/adolescent visits, immunizations, BMI screening, and behavioral health.

Promising Practices

Nevada operates an 1115 demonstration waiver, called REACH (Resources for the Advancement of Child Health). This demonstration was designed to establish a system of supportive youth intervention to transition the current crisis-based services to a system of early support. This program focuses on the system of care, including services that address the social determinants of a youth's life and assists both the parent and family in successfully integrating into a healthy community. The waiver demonstration includes a risk assessment and a set of interventions on positive youth development, parent coaching, program coordination, and community integration. Youth entering the 7th grade will receive an "early rising risk assessment," which examines behavioral health risk, suicide risk, trauma, and substance abuse. Nevada trains traditional and non-traditional providers to perform this risk assessment, using an evidence-based assessment tool (Child and Adolescent Needs and Strengths). Youth are put into one of four categories: 1) no risk, 2) watch and wait, 3) rising risk, and 4) at risk. The "watch and wait" group receives a follow-up risk assessment six months following the initial assessment. The "rising risk" group is enrolled in the REACH program for supportive youth intervention, and the "at-risk" group is referred to appropriate clinical providers unless the youth is in crisis and, if so, the state's mobile crisis team is engaged. This project is linked with the Governor's priority to improve behavioral health access and services for youth.

Comparison of NV EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Nevada's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Nevada 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	NV 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	NV 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 NV 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	NV 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 Nevada'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	NV	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	94.5	95.2
• Ages 25 months-6 years (in past year)	83.9	87.7
• Ages 7-11 (in past 2 years)	87.3	90.9
• Ages 12-19 (in past 2 years)	84.5	89.6
- % of children by 15 months receiving 6 or more well-child visits	53.3	60.8
- % of children ages 3-6 with one or more well-child visits	65.4	68
- % of adolescents ages 12-21 receiving 1 well care visit	41.9	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	68.5	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	76.8	70.3
- % of sexually active women ages 16-20 screened for chlamydia	—	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	27.7	20.8
- % of children ages 3-17 whose BMI was documented in medical records	67.7	61.2
- % of children ages 1-20 with at least 1 preventive dental service	43.2	48.2

Pediatric Preventive Care Financial Incentives, 2016	NV	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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