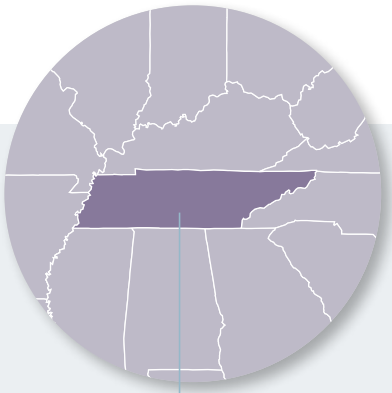
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



TENNESSEE (TN)

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

Tennessee'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 Tennessee'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. Tennessee'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 March 2018.

Summary of Findings

- Tennessee's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition, described below, includes a preventive purpose.
  - The definition of medical necessity will be implemented consistent with federal law, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements, and within the state's authority to define what constitutes a medically necessary Medicaid service. The state recognizes that current EPSDT requirements include coverage of "necessary health care, diagnostic services, treatment and other measures to correct or ameliorate defects and physical and mental illness and conditions discovered by screening services, whether or not such services are covered under the state plan."
- According to CMS, in 2016, Tennessee selected all 10 pediatric preventive care measures in the Child Core Set.
- Tennessee's pediatric preventive care performance rates, as shown in the table below, were the same or higher than the national average for PCP visits for children ages 7 to 11, well care visits for children ages 3 to 6, childhood immunizations, and BMI documentation. Performance rates were lower than the national average for PCP visits for children ages 12 to 24 months, ages 25 months to 6 years, and adolescents ages 12 to 19; well care visits for adolescents ages 12 to 21; adolescent immunizations; HPV vaccinations; chlamydia screening; and preventive dental services.
- The state 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 Practice

The TennCare Kids program has developed an extensive collaboration with its managed care organizations (MCOs). Through their joint steering committee, TennCare state officials and MCOs partner on needed areas of improvement within the EPSDT program. They currently have an adolescent screening group, which is involved in planning joint events and campaigns. TennCare also conducts a Back to School Outreach Project at the start of every school year. All public school students across the state receive a flyer encouraging them to apply for TennCare of CoverKids if they are uninsured. They are also encouraged to get a free TennCare Kids of CoverKids screening each year to stay healthy. Posters with the same message are hung in all public middle and high schools.

Comparison of TN EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Tennessee's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Tennessee 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	TN 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	TN 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 TN 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	TN 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 Tennessee'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	TN	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)	85.1	87.7
• Ages 7-11 (in past 2 years)	91.1	90.9
• Ages 12-19 (in past 2 years)	87.8	89.6
- % of children by 15 months receiving 6 or more well-child visits	57.6	60.8
- % of children ages 3-6 with one or more well-child visits	68	68
- % of adolescents ages 12-21 receiving 1 well care visit	42.3	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	71.1	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	67.1	70.3
- % of sexually active women ages 16-20 screened for chlamydia	48.2	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	15.9	20.8
- % of children ages 3-17 whose BMI was documented in medical records	69.6	61.2
- % of children ages 1-20 with at least 1 preventive dental service	47.9	48.2

Pediatric Preventive Care Financial Incentives, 2016	TN	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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