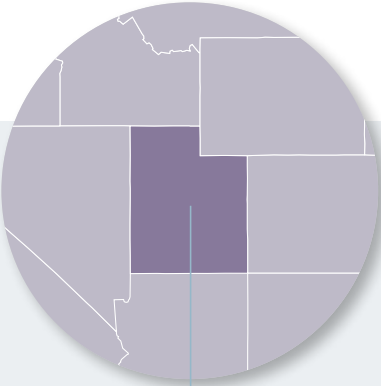


# Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

## UTAH (UT)



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)<sup>1</sup> and the corresponding Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)<sup>2</sup> 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.<sup>3</sup> 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.<sup>4,5</sup> The following analysis of Utah's EPSDT benefit was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.

Utah'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.<sup>2</sup> This state profile also contains information about Utah'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. Utah'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.<sup>6</sup> Information is current as of March 2018.

## Summary of Findings

- Utah's 2018 EPSDT requirements do not follow the Bright Futures/AAP Periodicity Schedule and screening recommendations. The state's periodicity schedule calls for 4 fewer visits than Bright Futures.
- The state's medical necessity definition references federal EPSDT requirements under the Social Security Act, and as such incorporates a preventative purpose.
  - When a Medicaid eligible child requires medically necessary services, these services may be covered by Medicaid. Necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act to correct or ameliorate defects, and physical and mental illness and conditions discovered by the screening services are available based on medical necessity.
- According to CMS, in 2016, Utah selected all 10 pediatric preventive care measures in the Child Core Set.
- Utah's quality performance rates, as shown in the table below, were higher than the national average for PCP visits for children ages 12 to 24 months, childhood and adolescent immunizations, HPV vaccinations, BMI documentation, and preventive dental services. Performance rates were lower than the national average for PCP visits for children ages 25 months to 6 years, 7 to 11 years, and adolescents ages 12 to 19; well care visits for all 3 child/adolescent age groups, and chlamydia screening.
- Utah has performance improvement projects underway related to well child care, childhood immunizations, and Chlamydia screening.

## Promising Practices

Utah's Early Childhood (Ages 0-4) Targeted Case Management Program is a statewide program operated by public health nurses in local health departments. Its aim is to promote the early identification of health, developmental, and behavioral issues using standardized screening questionnaires to improve well child care utilization and immunization, and to link children to a medical home and families to community resources.

## Comparison of UT EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	Number of Well Child Visits by Age	UT EPSDT	Bright Futures
U = Universal screening (all screened)	- Birth through 9 months	6	7
	- 1 through 4 years	6	7
S = Selective screening (only those at higher risk)	- 5 through 10 years	4	6
	- 11 through 14 years	4	4
U/S = Universal and selective requirements	- 15 through 20 years	6	6
NS = Not specified			

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	UT EPSDT	Bright Futures
<b>Infancy (Birth-9 months)</b>		
- Length/height & weight	U	U
- Head circumference	U	U
- Weight for length	NS	U
- Blood pressure	NS	S
- Vision	S	S
- Hearing	S	U/S
- Developmental screening	U	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Maternal depression screening	NS	U
- Newborn blood screening	NS	U
- Critical congenital heart screening	NS	U
- Anemia	U	S
- Lead	U	S
- Tuberculosis	S	S
- Oral health	U/S	U/S
- Fluoride varnish	NS	U
- Fluoride supplementation	NS	S

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

Code	Universal (U) and Selected (S) Screening Requirements	UT EPSDT	Bright Futures
U = Universal screening (all screened)	<b>Early Childhood (Ages 1-4)</b>		
S = Selective screening (only those at higher risk)	- Length/height & weight	U	U
U/S = Universal and selective requirements	- Head circumference	U	U
NS = Not specified	- Weight for length	NS	U
See Bright Futures/AAP Periodicity Schedule for complete information.	- Body mass index	NS	U
	- Blood pressure	U	U/S
	- Vision	S	U/S
	- Hearing	S	U/S
	- Developmental screening	U	U
	- Autism spectrum disorder screening	NS	U
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Anemia	U	U/S
	- Lead	U	U/S
	- Tuberculosis	S	S
	- Dyslipidemia	NS	S
	- Oral health	S	S
	- Fluoride varnish	U	U
	- Fluoride supplementation	NS	S
	<b>Middle Childhood (Ages 5-10)</b>		
	- Length/height & weight	U	U
	- Body mass index	NS	U
	- Blood pressure	U	U
	- Vision	S	U/S
	- Hearing	S	U/S
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Anemia	U	S
	- Lead	NS	S
	- Tuberculosis	S	S
	- Dyslipidemia	NS	U/S
	- Oral health	NS	S
	- Fluoride varnish	NS	U
	- Fluoride supplementation	NS	S
	<b>Adolescence (Ages 11-20)</b>		
	- Length/height & weight	U	U
	- Body mass index	NS	U
	- Blood pressure	U	U
	- Vision	S	U/S
	- Hearing	S	U
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Tobacco, alcohol or drug use assessment	NS	S
	- Depression screening	NS	U
	- Anemia	S	S
	- Tuberculosis	S	S
	- Dyslipidemia	NS	U/S
	- Sexually transmitted infections	S	S
	- HIV	S	U/S
	- Fluoride supplementation	NS	S

## Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Utah's 2016 quality performance information on pediatric preventive care measures reported to CMS<sup>6</sup>, as well as their use of financial incentives for pediatric preventive care.

Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set	UT	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	96.9	95.2
• Ages 25 months-6 years (in past year)	85.8	87.7
• Ages 7-11 (in past 2 years)	87.7	90.9
• Ages 12-19 (in past 2 years)	88.6	89.6
- % of children by 15 months receiving 6 or more well-child visits	58.8	60.8
- % of children ages 3-6 with one or more well-child visits	64	68
- % of adolescents ages 12-21 receiving 1 well care visit	44.5	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	74.6	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	79.4	70.3
- % of sexually active women ages 16-20 screened for chlamydia	37.7	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	26.1	20.8
- % of children ages 3-17 whose BMI was documented in medical records	74.6	61.2
- % of children ages 1-20 with at least 1 preventive dental service	52.6	48.2

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

### References

- <sup>1</sup>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.
- <sup>2</sup>Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Work Group. 2017 Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2017;139(4):e20170254.
- <sup>3</sup>*FAQs about Affordable Care Act Implementation*. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.
- <sup>4</sup>*EPSDT – A Guide for State: Coverage in the Medicaid Benefit for Children and Adolescents*. Baltimore, MD: Centers for Medicare and Medicaid Services, June 2014.
- <sup>5</sup>*Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits*. Baltimore, MD: Centers for Medicare and Medicaid Services, February 2014.
- <sup>6</sup>Quality 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>.