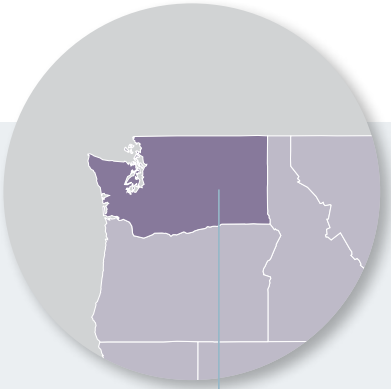
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



WASHINGTON (WA)

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

Washington'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 Washington'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. Washington'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

- Washington's 2018 EPSDT periodicity schedule has three fewer visits than called for in the Bright Futures/AAP recommendations. Additional preventive care visits may be covered with a request for prior authorization. Washington's EPSDT screening recommendations are similar to the Bright Futures/AAP recommendations.
- The state's medical necessity definition, described below, references a preventive purpose.
  - "Medically Necessary" means a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the Enrollee that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this Contract, "course of treatment" may include mere observation or, where appropriate, no medical treatment at all.
- According to CMS, in 2016, Washington selected all 10 pediatric preventive care measures in the Child Core Set.
- Washington's quality performance rates, as shown in the table below, were the same or higher than the national average for adolescent immunizations, HPV vaccinations, chlamydia screening, and preventive dental services. The state's performance rates were lower than the national average for PCP visits, well care for the 3 child/adolescent age groups, childhood immunizations, and BMI documentation.
- Washington has pediatric preventive care performance improvement projects related to childhood immunizations, well care visits for all child/adolescent age groups, and developmental screening.

Promising Practice

Washington has a value-based purchasing initiative that links provider incentives and withholds with performance on selected quality outcomes, including well-child visits in the 3 to 6 age group, developmental screening, and childhood immunizations. This statewide effort involves not only Medicaid but also the state Title V program, the early intervention program, and the state employees program. This cross-agency group has created a communication plan to share information about each agency's initiatives, promote well child visits and developmental screening, ensure providers understand how to correctly code and bill, and increase awareness of understanding of the benefits of well child-visits and developmental screening.

Comparison of WA EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code

U = universal (all screened)
S = selective (only those of higher risk screened)
U/S = universal and selective requirements
NS = not specified
X = to be performed
O = risk assessment to be performed with appropriate action to follow, if positive

See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	WA EPSDT	Bright Futures
- Birth through 9 months	5	7
- 1 through 4 years	6	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	WA EPSDT	Bright Futures
Infancy (Birth-9 months)		
- Length/height & weight	X	U
- Head circumference	X	U
- Weight for length	X	U
- Blood pressure	O	S
- Vision	NS	S
- Hearing	X/O	U/S
- Developmental screening	X	U
- Developmental surveillance	X	U
- Psychosocial/behavioral assessment	X	U
- Maternal depression screening	X	U
- Newborn blood screening	X	U
- Critical congenital heart screening	X	U
- Anemia	O	S
- Lead	O	S
- Tuberculosis	O	S
- Oral health	O	U/S
- Fluoride varnish	O	U
- Fluoride supplementation	O	S

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

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See Bright Futures/AAP Periodicity Schedule for complete information.

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

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Washington'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	WA	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	94.9	95.2
• Ages 25 months-6 years (in past year)	83.6	87.7
• Ages 7-11 (in past 2 years)	88.4	90.9
• Ages 12-19 (in past 2 years)	87.7	89.6
- % of children by 15 months receiving 6 or more well-child visits	52.8	60.8
- % of children ages 3-6 with one or more well-child visits	62.5	68
- % of adolescents ages 12-21 receiving 1 well care visit	36.1	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	63.3	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	71.9	70.3
- % of sexually active women ages 16-20 screened for chlamydia	48.8	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	25.4	20.8
- % of children ages 3-17 whose BMI was documented in medical records	45.8	61.2
- % of children ages 1-20 with at least 1 preventive dental service	56.2	48.2

Pediatric Preventive Care Financial Incentives, 2016	WA	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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