Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

WEST VIRGINIA (WV)

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

West Virginia'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 West Virginia'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. West Virginia'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

- West Virginia's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition for EPSDT, below, incorporates a preventive purpose.
  - Medically necessary services – covered medical or other health services, which a) are reasonable and necessary to prevent illness or medical conditions, or provide early screening, interventions, and/or treatment for conditions that cause suffering or pain, cause physical deformity, or limitation in function, cause illness or infirmity, endanger life, or worsen disability; b) are provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's medical conditions; c) are consistent with the diagnosis of the conditions; d) are no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, efficiency, and independence, and e) will assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account the functional capacity of the individual, and those functional capacities that are appropriate for individuals of the same age.
- According to CMS, in 2016, West Virginia selected all 10 of the pediatric preventive care measures in the Child Core Set.
- The states quality performance rate, as shown in the table below, were the same or higher than the national average for all but two preventive measures: PCP visits for children ages 12-24 months and chlamydia screening.
- West Virginia has performance improvement projects underway related to BMI screening, immunizations, and well child/adolescent visits.

Promising Practices

- West Virginia's HealthCheck program which is operated by Title V MCH/CSHCN program, has partnered with its state Department of Education to ensure that all children in the state have a medical and dental home and that all children are receiving regular preventive medical and dental care. West Virginia's policy states that "new enterers in West Virginia public school at first entry of either pre-kindergarten (PreK) or kindergarten (K) and all students progressing to grades 2, 7, and 12 should have on file within 45 days of enrollment/entry or prior to the first day of school attendance a record of a HealthCheck (EPSDT) screening, or other comprehensive health screening comparable to the HealthCheck protocol. "A comparable requirement is in place for oral health, as well. These requirements are being phased in over 3 years, with 2016/17 for PreK, K, and grade 2; 2017/18 for PreK, K, grades 2 and 7; and 2018/19 for PreK, K, and grades 2, 7, and 12.
- The state is undertaking another major initiative to encourage a uniform approach for identifying children with special health care needs (CSHCN) among all of the state's Medicaid managed care organizations (MCOs). The 5-question CSHCN Screener will be used. This well-tested tool uses health-related consequences to identify children with chronic conditions. As part of this initiative, West Virginia's EPSDT/Title V team is also developing a web-based care coordination system that can be accessed by health care providers, Title V agencies, and families. MCOs will receive a higher capitation rate for serving CSHCN.

Comparison of WV EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on West Virginia's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 West Virginia 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 /AAP Periodicity Schedule for more information

Number of Well Child Visits by Age	WV 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	WV 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 WV EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

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 /AAP Periodicity Schedule for more information

Universal (U) and Selected (S) Screening Requirements	WV 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 West Virginia'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	WV	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	94.2	95.2
• Ages 25 months-6 years (in past year)	87.9	87.7
• Ages 7-11 (in past 2 years)	93.4	90.9
• Ages 12-19 (in past 2 years)	92.4	89.6
- % of children by 15 months receiving 6 or more well-child visits	64.1	60.8
- % of children ages 3-6 with one or more well-child visits	73.6	68
- % of adolescents ages 12-21 receiving 1 well care visit	46.9	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	70	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	83.6	70.3
- % of sexually active women ages 16-20 screened for chlamydia	36.5	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	22	20.8
- % of children ages 3-17 whose BMI was documented in medical records	61.2	61.2
- % of children ages 1-20 with at least 1 preventive dental service	50	48.2

Pediatric Preventive Care Financial Incentives, 2016	WV	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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