Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

ILLINOIS (IL)

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

Illinois'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 Illinois'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. Illinois'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

- Illinois's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition, described below, does not specifically mention a preventive purpose, although it does specify the purpose of ameliorating conditions discovered.
  - The administrative code directs that EPSDT (Healthy Kids) shall pay for necessary medical care, diagnostic services, treatment or other medically necessary services (e.g., medical equipment and supplies) to correct or ameliorate defects and physical and mental illnesses and conditions which are discovered or determined to have increased in severity by medical, vision, hearing, or dental screening services. Section 140.2 defines necessary medical care in the case of EPSDT as care that is generally recognized as standard medical care required because of disease, disability, infirmity or impairment.
- According to CMS, in 2016, Illinois selected all 10 pediatric preventive care measures in the Child Core Set.
- Illinois's quality performance rates, as shown in the table below, were higher than the national average for PCP visits for adolescents, well care visits for children ages 3 to 6 and adolescents ages 12 to 21, and HPV vaccinations. The state's performance rates were lower than the national average for PCP visits for children 12 to 24 months, 25 months to 6 years, and 7 to 11 years; well care visits for infants in the 1st 15 months; childhood and adolescent immunizations; chlamydia screening; BMI documentation; and preventive dental services.
- Illinois has several pediatric preventive care performance improvement projects underway related to well child and adolescent care, immunizations, and screening for behavioral health, BMI assessment, and lead screening.

Promising Practices

Illinois's EPSDT guidance provides detailed information and referral resources for mental health and substance abuse screening. This includes an enhanced Screening, Assessment and Support Services Program for children and adolescents experiencing a mental health crisis, with referral to a single point of entry CARES Line and appendices for the state's Mental Health Screening Instrument. Primary care practitioner behavioral health support is provided through the Illinois DocAssist Program, which is a primary care psychiatric consultation line facilitated by the University of Illinois-Chicago, School of Psychiatry. Administered by the state in collaboration with the Division of Mental Health and Addiction Recovery Services and the Illinois Children's Mental Health Partnership, the Illinois DocAssist program is designed to deliver direct physician-to-physician support for diagnosis and treatment of behavioral health conditions and the for prescription of psychotropic medication. Supported by board-certified psychiatrists with specialization in child and adolescent services, the program provides physicians with clinical consultation within one business day of their call. The state also provides information about perinatal depression risk factors, screening and referral resources, and reimbursement codes, with links to a state webpage on the subject.

Comparison of IL EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Illinois's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Illinois 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	IL 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	IL 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 IL 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	IL 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 Illinois'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	IL	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	92.8	95.2
• Ages 25 months-6 years (in past year)	86.1	87.7
• Ages 7-11 (in past 2 years)	89.1	90.9
• Ages 12-19 (in past 2 years)	89.8	89.6
- % of children by 15 months receiving 6 or more well-child visits	60.3	60.8
- % of children ages 3-6 with one or more well-child visits	71.1	68
- % of adolescents ages 12-21 receiving 1 well care visit	47.1	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	58.7	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	64.8	70.3
- % of sexually active women ages 16-20 screened for chlamydia	45.9	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	21.8	20.8
- % of children ages 3-17 whose BMI was documented in medical records	7.6	61.2
- % of children ages 1-20 with at least 1 preventive dental service	42.5	48.2

Pediatric Preventive Care Financial Incentives, 2016	IL	US
- Use of preventive incentives for consumers	No	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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This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under UC4MC28034 Alliance for Innovation on Maternal and Child Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.