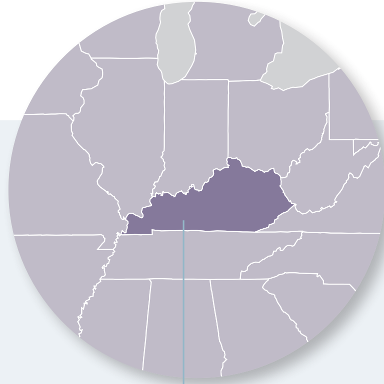
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



KENTUCKY

Medicaid's EPSDT benefit provides comprehensive health care services to children to age 21, with an emphasis on prevention, early detection, and medically necessary treatment. As a critical component of EPSDT, each state Medicaid program must establish a periodicity schedule of well-baby and well-child preventive care visits.

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* (3rd Edition) and the corresponding Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) provide theory-based and evidence-driven guidance for all preventive care screenings and health supervision visits through age 21. Bright Futures[1] is recognized in federal law as the standard for pediatric preventive health insurance coverage.[2] 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 schedules of pediatric preventive care.[3,4] The following analysis of the Kentucky EPSDT program was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.

Kentucky's profile compares the state's Medicaid EPSDT benefit with the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd Edition and the AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) published in *Pediatrics* January 2016. (Please note: since this study was conducted, the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition has been published, and the most current Bright Futures/AAP Recommendations for Preventive Pediatric Health Care [Periodicity Schedule] is available here.)

This state profile also contains information about Kentucky's Medicaid pediatric preventive care quality measures and performance, providing detailed information on the state's voluntary reporting on chosen Child Core Set measures. Information on the state Medicaid program's medical necessity definition and promising practices in the area of pediatric preventive care are also found here. Information was obtained from an interview with EPSDT staff and from reviews of the state's Medicaid website, provider manual, and other referenced state documents, and analysis of CMS reports on child health quality.[5]

Summary of Findings *continued*

- Kentucky's EPSDT periodicity schedule references the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd Edition.
- The state's medical necessity definition, described below, does not incorporate a preventive purpose.
  - Requests for approval of services shall meet the standard of medical necessity for EPSDT if the following criteria, where applicable are met, a) the service shall be to correct or ameliorate defects and physical and mental illnesses and conditions, b) the services to be provided shall be medical or remedial in nature, c) the services shall be individualized and consistent with the child's medical needs, d) the services shall not be requested primarily for the convenience of the child, family, physician, or another provider of services, e) the services shall not be unsafe or experimental, f) if alternative medically accepted modes of treatment exist, the services shall be the most cost-effective and appropriate service for the child, and g) the requests for diagnostic and treatment services in community-based settings may not be approved if the costs would exceed those of equivalent services at the institutional level of care. Each case shall be individually assessed for appropriateness in keeping with the standards of medical necessity and the best interest of the child.
- According to CMS, in 2015, Kentucky selected all of the 10 pediatric preventive care measures in the Child Core Set.
- Kentucky's performance rates were higher than the national average for 6 of the pediatric preventive care measures, as shown in the table on the next page. The state had lower rates than the national average for well visits for children ages 3-6, Chlamydia screening, BMI assessment, and preventive dental visits.
- The state has several pediatric preventive care performance improvement projects underway related to well child/adolescent visits, behavioral health, BMI screening, lead screening, immunizations, and oral health.

Promising Practice

Kentucky has extended its EPSDT coverage for children enrolled in their separate CHIP program, which has enabled the state to have a consistent public coverage approach for children's preventive, diagnostic and treatment services.

EPSDT, Bright Futures, and Pediatric Preventive Care Quality Performance

The following tables provide detailed information on the state Medicaid EPSDT periodicity schedule and related guidance, comparing state Medicaid coverage with the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd Edition and the AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) published in *Pediatrics* January 2016. Detailed information is provided on the number of recommended/covered well-baby and well-child visits, specific screenings, and state performance on voluntarily reported measures found in the 2015 Child Core Set.

Code	
NS =	Not specified
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.

EPSDT Periodicity Schedule, 2016 (# of well child visits)	KY	Bright Futures
- Prenatal period	0	1
- 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

EPSDT Universal (U) and Selected (S) Screening Requirements, 2016	KY	Bright Futures
Infancy (Prenatal-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 surveillance/screening	U	U
- Psychological/behavioral assessment	U	U
- Newborn blood screening	U	U
- Congenital heart screening	U	U
- Hematocrit or hemoglobin	S	S
- Lead screening	S	S
- Tuberculosis testing	S	S
- Oral health	U/S	U/S

continued on next page

EPSDT, Bright Futures, and Pediatric Preventive Care Quality Performance *continued*

Code

NS = Not specified
U = Universal (all screened)
S = Selective screening (only those of higher risk)
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See Bright Futures/AAP Periodicity Schedule for complete information.

EPSDT Universal (U) and Selected (S) Screening Requirements, 2016	KY	Bright Futures
Early Childhood (Ages 1-4)		
- Length/height & weight	U	U
- Head Circumference	S	S
- Weight for length	S	S
- Body mass index	S	S
- Blood pressure	S	S
- Vision	U/S	U/S
- Hearing	U/S	U/S
- Developmental surveillance/screening	U	U
- Autism screening	U	U
- Psychological/behavioral assessment	U	U
- Hematocrit or hemoglobin	U/S	U/S
- Lead screening	U/S	U/S
- Tuberculosis testing	S	S
- Dyslipidemia screening	S	S
- Oral health	U/S	U/S
- Fluoride varnish	U	U
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
- Psychological/behavioral assessment	U	U
- Hematocrit or hemoglobin	S	S
- Lead screening	S	S
- Tuberculosis screening	S	S
- Dyslipidemia screening	U/S	U/S
- Oral health	U	U
- Fluoride varnish	U	U
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/S	U/S
- Developmental surveillance	U	U
- Psychological/behavioral assessment	U	U
- Alcohol & drug use assessment	S	S
- Depression screening	U	U
- Hematocrit or hemoglobin	S	S
- Tuberculosis testing	S	S
- Dyslipidemia screening	U/S	U/S
- STI/HIV screening	U/S	U/S

EPSDT, Bright Futures, and Pediatric Preventive Care Quality Performance *continued*

Pediatric Preventive Care Quality Measures and Performance, 2015 Child Core Set	KY	US
- % of children with primary care visit		
• Ages 12-24 months in past year	97.2	95.8
• Ages 25 months-6 years in past year	92.2	87.1
• Ages 7-11 years in past 2 years	96.8	88.9
• Ages 12-19 in past 2 years	95.8	88.0
- % of children by 15 months receiving 6 or more visits	62.4	61.7
- % of children ages 3-6 with one or more well child visits	62.8	67.1
- % of adolescents ages 12-21 receiving 1 well visit	47.5	45.5
- % of children up to date on recommended immunizations (combination 3) by 2nd birthday	71.6	62.1
- % of adolescents up to date on recommended immunizations (combination 1) by 13th birthday	79.7	64.9
- % of sexually active women ages 16-20 screened for Chlamydia	47.8	48.8
- % of female adolescents receiving 3 vaccine doses of HPV before age 13	19.0	17.2
- % of children ages 3-17 whose weight was documented based on BMI percentile	39.3	41.3
- % of children ages 1-20 with at least 1 preventive dental visit	42.8	45.6

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

References

[1] Committee on Practice and Ambulatory Medicine and Bright Futures Periodicity Schedule Workgroup. 2016 Recommendations for Preventive Pediatric Health Care. *Pediatrics*.2016:137(1).

[2] *FAQs about Affordable Care Act Implementation*. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.

[3] *EPSDT – A Guide for State: Coverage in the Medicaid Benefit for Children and Adolescents*. Baltimore, MD: Centers for Medicare and Medicaid Services, June 2014.

[4] *Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits*. Baltimore, MD: Centers for Medicare and Medicaid Services, February 2014.

[5] Quality information was obtained from *DHHS 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP,* February 2016.

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