


Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

ALASKA (AK)



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

Alaska'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 Alaska'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. Alaska'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

- Alaska's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state, as described below, references the federal EPSDT definition and thus incorporates a preventive purpose.
 - The department will pay for a service recommended as a result of the EPSDT screening, if that service is an authorized service under 42 U.S.C. 1396-1396w-1. The department will pay for the following additional services for children under 21 years of age if the screening identifies a need for that service: podiatry services under 7 AAC, nutrition services under 7 AAC, private duty nursing services under 7 AAC, and hospice care under 7 AAC.
- According to CMS, in 2016, Alaska selected 7 of the 10 pediatric preventive care measures in the Child Core Set. The quality performance measures not selected were childhood and adolescent immunizations and BMI documentation.
- The state's quality performance rate, as shown in the table below, was higher than the national average for children receiving 6 or more well-child visits by 15 months of age. The state's quality performance rates were lower than the national average for PCP visits, well care visits for children ages 3 to 6 and adolescents ages 12 to 21, HPV vaccinations, chlamydia screening, and preventive dental services.
- Alaska has pediatric preventive care performance improvement projects underway related to immunizations.

Best Practice

Alaska's EPSDT program has established a statewide effort to promote developmental screening for all children birth to five consistent with Bright Futures recommendations. Medicaid recommends specific standardized developmental screening tools to be administered at the 9, 18, and 30-month visits and additionally when any concerns arise during surveillance. Autism screening, administered at the 18 and 24-month visits is also called for, again with defined autism screening instruments. Online trainings are available as part of Alaska's coordinated statewide system to achieve universal developmental screening and referral into Alaska's Infant Learning/Early Intervention Program. The state contracts with two entities to provide technical support, outreach, and education to support providers in the use of the Ages and States Questionnaire (ASQ) on line. Medicaid reimburses providers for developmental screening and encourages provider records to include specific screening information in their medical records. Two additional initiatives are underway that involve incorporating developmental screening into the well child visit exam. The 2016 Alaska State Legislature passed SB74, which addresses behavioral health redesign with an emphasis on prevention and integrated care; developmental screening will be included as a quality measure. Alaska plans to submit a waiver application to CMS that incorporates this behavioral health redesign. Also, the Early Childhood Comprehensive Systems Plan seeks to improve children's developmental health and reduce the impact of adverse childhood experiences. With community and tribal partners in selected communities, a five-year quality improvement approach using a collaborative learning network is underway to achieve a 25% increase in developmental skills among 0-3-year-old children by 2021.

Comparison of AK EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	Number of Well Child Visits by Age	AK EPSDT	Bright Futures
U = universal screening (all screened)	- Birth through 9 months	7	7
	- 1 through 4 years	7	7
S = selective screening (only those of higher risk screened)	- 5 through 10 years	6	6
	- 11 through 14 years	4	4
U/S = visits in that age group have universal and selective requirements.	- 15 through 20 years	6	6

Universal (U) and Selected (S) Screening Requirements	AK 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 AK EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

Code	Universal (U) and Selected (S) Screening Requirements	AK EPSDT	Bright Futures
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 Periodicity Schedule for complete information.			
	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 Alaska's 2016 quality performance information on pediatric preventive care measures reported to CMS⁶, as well as their use of financial incentives for pediatric preventive care.

Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set	AK	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	92.2	95.2
• Ages 25 months-6 years (in past year)	80.5	87.7
• Ages 7-11 (in past 2 years)	83.7	90.9
• Ages 12-19 (in past 2 years)	85.5	89.6
- % of children by 15 months receiving 6 or more well-child visits	73.1	60.8
- % of children ages 3-6 with one or more well-child visits	47.6	68
- % of adolescents ages 12-21 receiving 1 well care visit	29.3	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	—	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	—	70.3
- % of sexually active women ages 16-20 screened for chlamydia	47.8	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	1	20.8
- % of children ages 3-17 whose BMI was documented in medical records	—	61.2
- % of children ages 1-20 with at least 1 preventive dental service	46.1	48.2

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

References

¹Hagan 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.

²Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Work Group. 2017 Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2017;139(4):e20170254.

³FAQs about Affordable Care Act Implementation. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.

⁴EPSDT – 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.

⁶Quality 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>.



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.