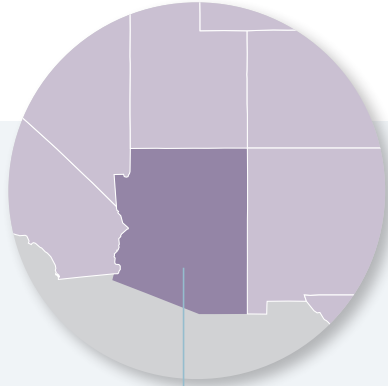


Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

ARIZONA (AZ)



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

Arizona'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 Arizona'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. Arizona'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

- Arizona's 2018 EPSDT requirements include one less visit than recommended by the Bright Futures/AAP Periodicity Schedule. The state's screening recommendations do not follow Bright Futures.
- The state has elected not to have a definition of medical necessity for its EPSDT benefit.
- According to CMS, in 2016, Arizona reported on only one of the 10 pediatric preventive care measures in the Child Core Set: preventive dental services.
- Arizona's quality performance for preventive dental services, as shown in the table below, was lower than the national average.
- Arizona has pediatric preventive care performance improvement projects underway with its managed care organizations (MCOs) related to developmental screening.

Promising Practices

Arizona requires its Medicaid MCOs to submit an annual plan to ensure cultural competency. This plan addresses staff education and training. It also calls on the MCO to evaluate its provider network, outreach services, and other programs to ensure the provision of culturally competent services, including linguistic and disability-related services and translation/interpretation services. The state has specific cultural competency assessment reporting requirements which include linguistic needs, comparative member satisfaction surveys, outcomes for certain cultural groups, translator/interpretive services and utilization, member complaints, grievances, provider feedback, and employee surveys. Arizona also has a value-based purchasing initiative to encourage MCO quality improvements. Based on selected quality performance measures, the state sets aside 1% of the MCO capitation rate for rewards or penalties. With respect to pediatric preventive care, Arizona's quality measures include: the percent of children by 15 months receiving 6 or more well visits, the percent of children ages 3-6 with one or more visits, and the percent of adolescents ages 12-21 receiving 1 well visit, and percent of children ages 2-21 making a dental visit.

Comparison of AZ EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	Number of Well Child Visits by Age	AZ EPSDT	Bright Futures
Arizona: NS = Not specified X = To be completed X* = Required at certain but not all visits in age range += May be done more frequently if at risk S = Subjective O = Objective by a standard testing method	- Birth through 9 months	7	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
Bright Futures: U = Universal (all screened) S = Selective screening (only those of higher risk) U/S = Universal or Selective screening (based on state-specific requirements) N/S = Unavailable See Bright Futures/AAP Periodicity Schedule for complete information.	Universal (U) and Selected (S) Screening Requirements	AZ EPSDT	Bright Futures
	Infancy (Birth-9 months)		
	- Length/height & weight	X	U
	- Head circumference	X	U
	- Weight for length	X	U
	- Blood pressure	+	S
	- Vision	S	S
	- Hearing	O/S	U/S
	- Developmental screening	X	U
	- Developmental surveillance	X	U
	- Psychosocial/behavioral assessment	X	U
	- Maternal depression screening	NS	U
	- Newborn blood screening	X	U
	- Critical congenital heart screening	NS	U
	- Anemia	+	S
	- Lead	X	S
	- Tuberculosis	+	S
	- Oral health	X	U/S
	- Fluoride varnish	X	U
	- Fluoride supplementation	NS	S

continued on next page

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

Code

Arizona:
 NS = Not specified
 X = To be completed
 X* = Required at certain but not all visits in age range
 += May be done more frequently if at risk
 S = Subjective
 O = Objective by a standard testing method

Bright Futures:
 U = Universal (all screened)
 S = Selective screening (only those of higher risk)
 U/S = Universal or Selective screening (based on state-specific requirements)
 N/S = Unavailable

See Bright Futures/AAP Periodicity Schedule for complete information.

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

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are the Arizona'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	AZ	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	—	95.2
• Ages 25 months-6 years (in past year)	—	87.7
• Ages 7-11 (in past 2 years)	—	90.9
• Ages 12-19 (in past 2 years)	—	89.6
- % of children by 15 months receiving 6 or more well-child visits	—	60.8
- % of children ages 3-6 with one or more well-child visits	—	68
- % of adolescents ages 12-21 receiving 1 well care visit	—	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	—	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	—	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	43.1	48.2

Pediatric Preventive Care Financial Incentives, 2016	AZ	US
- Use of preventive incentives for consumers	Yes	NA
- Use of performance incentives for providers	Yes	NA

References

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- 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.
- 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>.



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