Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

FLORIDA (FL)

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

Florida'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 Florida'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. Florida'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] Information is current as of April 2018.

Summary of Findings

- Florida's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition, described in Florida's Administrative Code, incorporates a preventive purpose.

  The medical or allied care, goods, or services furnished or ordered must:

  (a) Meet the following conditions:

  1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain
  2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
  3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
  4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
  5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

  (b) Medically necessary or medical necessity for inpatient hospital services requires that those services furnished in a hospital or an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.

  (c) The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.
- According to CMS, in 2016, Florida selected all 10 pediatric preventive care measures in the Child Core Set.
- Florida's quality performance rates, as shown in the table below, were the same as or higher than the national average for well care visits for children ages 3 to 6 and adolescents ages 12 to 21, childhood immunizations, HPV vaccinations, chlamydia screening, and BMI documentation. The state scored lower than the national average for PCP visits; well care visits for children in the 1st 15 months; adolescent immunizations; and preventive dental services.
- Florida has several pediatric preventive care performance improvement projects underway related to behavioral health screening, BMI assessment, lead screening, well child visits, immunizations, child functional assessments, and oral health.

Promising Practices

Florida's Physician Incentive Program offers enhanced payment – in the form of a per member per month capitation rate—to providers enrolled in health plan networks who achieve specific access and quality measures for children under 21. The selection of specific measures for plans differ to target needed improvements in particular regions of Florida. For example, one plan's preventive care measures are as follows: 1) HEDIS lead screening: achieve 50th percentile, 2) HEDIS Child Access for 3 out of 4 age groups: achieve 50th percentile. Another plan's measures are: 1) percentage of members who turned 15 months old who had 6 or more well visits must meet or exceed NCQA's benchmark of 66.24%, and 2) percentage of 7-11 year olds who had a well visit must exceed NCQA benchmark of 93.9%. Florida Medicaid's quality efforts also include health plan report cards available to consumers and providers alike.

Comparison of FL EPSDT and AAP/Bright Futures Periodicity Schedules

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

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.

Number of Well Child Visits by Age	FL 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	FL 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
Early Childhood (Ages 1-4)		

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

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See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	FL EPSDT	Bright Futures
- 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 Florida'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	FL	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	94.4	95.2
• Ages 25 months-6 years (in past year)	84.4	87.7
• Ages 7-11 (in past 2 years)	88.5	90.9
• Ages 12-19 (in past 2 years)	85.1	89.6
- % of children by 15 months receiving 6 or more well-child visits	57.5	60.8
- % of children ages 3-6 with one or more well-child visits	74.2	68
- % of adolescents ages 12-21 receiving 1 well care visit	51.4	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	71.9	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	67.2	70.3
- % of sexually active women ages 16-20 screened for chlamydia	56.5	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	20.8	20.8
- % of children ages 3-17 whose BMI was documented in medical records	61.7	61.2
- % of children ages 1-20 with at least 1 preventive dental service	35.9	48.2

Pediatric Preventive Care Financial Incentives, 2016	FL	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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