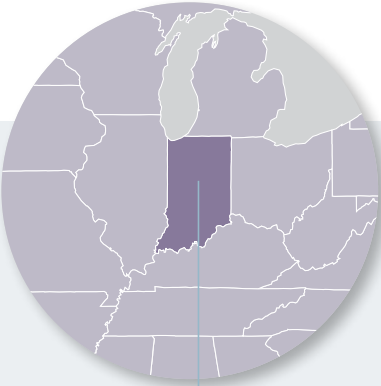


Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

INDIANA (IN)



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

Indiana'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 Indiana'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. Indiana'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 March 2018.

Summary of Findings

- Indiana’s 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state’s medical necessity definition, described below, does not reference a preventive purpose.
 - “Medically necessary service” means a covered service that is required for the care or well-being of the patient and is provided in accordance with generally accepted standards of medical or professional practice. For a service to be reimbursable by the office, it must: (1) be medically necessary, as determined by the office, which shall, in making that determination, utilize generally accepted standards of medical or professional practice; and (2) not be listed in this title as a noncovered service, or otherwise excluded from coverage.
- According to CMS, in 2016, Indiana selected all 10 pediatric preventive care measures in the Child Core Set.
- Indiana’s quality performance rates, as shown in the table below, were higher than the national average for PCP visits for children ages 12 to 24 months and adolescents ages 12 to 19, well care visits for the 3 child/adolescent age groups, childhood and adolescent immunizations, HPV vaccinations, and BMI documentation. It was lower than the national average for PCP visits for children ages 25 months to 6 years and 7 to 11 years, chlamydia screening, and preventive dental services.
- Indiana has pediatric preventive care performance improvement projects underway related to well child and adolescent visits and behavioral health screening.

Promising Practice

Indiana’s Medicaid program has focused substantial attention with its managed care organizations (MCOs) on achieving pediatric preventive care quality performance following CMS’ Child Core Set. Through a combination of education, regular preventive care quality reporting, monthly state/MCO meetings if MCO performance rates drop with corrective action plans, and financial incentives, the state has been able to achieve pediatric performance rates between 75%-90%.

Comparison of IN EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Indiana’s EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Indiana 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

*Indiana follows Bright Futures, but its provider manual has an out-of-date chart that will be deleted in the future

See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	IN 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	IN 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

continued on next page

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

Code	Universal (U) and Selected (S) Screening Requirements	IN EPSDT	Bright Futures
U = Universal (all screened)	Early Childhood (Ages 1-4)		
S = Selective screening (only those of higher risk)	- Length/height & weight	U	U
U/S = Universal and selective requirement	- Head circumference	U	U
*Indiana follows Bright Futures, but its provider manual has an out-of-date chart that will be deleted in the future	- 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

See Bright Futures/AAP Periodicity Schedule for complete information.

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Indiana'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	IN	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	95.6	95.2
• Ages 25 months-6 years (in past year)	87.4	87.7
• Ages 7-11 (in past 2 years)	90.6	90.9
• Ages 12-19 (in past 2 years)	90.9	89.6
- % of children by 15 months receiving 6 or more well-child visits	72.4	60.8
- % of children ages 3-6 with one or more well-child visits	75.1	68
- % of adolescents ages 12-21 receiving 1 well care visit	63.5	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	69.1	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	77.3	70.3
- % of sexually active women ages 16-20 screened for chlamydia	44.7	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	22.9	20.8
- % of children ages 3-17 whose BMI was documented in medical records	66.9	61.2
- % of children ages 1-20 with at least 1 preventive dental service	45.3	48.2

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

References

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- 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>.

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