


Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

LOUISIANA (LA)



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

Louisiana'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 Louisiana'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. Louisiana'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

- Louisiana's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations. The state's lead screening requirements are universal, not selective.
- The state's medical necessity definition, described below, mentions a preventive purpose, but only in relation to the worsening of a condition.
 - Medically necessary services are defined as those health care services that are in accordance with generally accepted evidence-based medical standards or that are considered by most physicians (or other independent license practitioners) within the community of their respective professional organizations to be the standard of care. In order to be considered medically necessary, services must be:
 - » Deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction.
 - » Those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the recipient.

Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and neither more nor less than what the recipient requires at that specific point in time.

Although a service may be deemed medically necessary, it doesn't mean the service will be covered in the Medicaid program. Services that are experimental, non-FDA approved, investigational or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."
- According to CMS, in 2016, Louisiana selected all 10 pediatric preventive care measures in the Child Core Set.
- Louisiana's quality performance rates, as shown in the table below, were the same as or higher than the national average for PCP visits for children ages 12 to 24 months, adolescent well care visits, adolescent immunizations, HPV vaccinations, and chlamydia screening. The state's rates were lower than the national average for PCP visits for children ages 25 months to 6 years, ages 7 to 11 years, and adolescents; well care visits for children in the 1st 15 months and 3 to 6 years of age; childhood immunizations; BMI documentation; and preventive dental services.
- The state has pediatric preventive care performance improvement projects underway related to immunizations.

Comparison of LA EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	Number of Well Child Visits by Age	LA EPSDT	Bright Futures
U = Universal (all screened)	- Birth through 9 months	7	7
S = Selective screening (only those of higher risk)	- 1 through 4 years	7	7
U/S = Universal and selective requirement	- 5 through 10 years	6	6
	- 11 through 14 years	4	4
	- 15 through 20 years	6	6

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	LA 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	U	S
- Tuberculosis	S	S
- Oral health	U/S	U/S
- Fluoride varnish	U	U
- Fluoride supplementation	S	S

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

Code	Universal (U) and Selected (S) Screening Requirements	LA 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
	- 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	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	U	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*/O	U/S
	- Hearing	S*/O	U
	- Developmental surveillance	U	U
	- Psychosocial/behavioral assessment	U	U
	- Tobacco, alcohol or drug use assessment	S*/O	S
	- Depression screening	NS	U
	- Anemia	S*/O	S
	- Tuberculosis	S*/O	S
	- Dyslipidemia	U/S*/O	U/S
	- Sexually transmitted infections	S*/O	S
	- HIV	NS	U/S
	- Fluoride supplementation	NS	S
	- Nutritional assessment	U	—

See Bright Futures/AAP Periodicity Schedule for complete information.

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Louisiana'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	LA	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)	85.9	87.7
• Ages 7-11 (in past 2 years)	88.2	90.9
• Ages 12-19 (in past 2 years)	86.8	89.6
- % of children by 15 months receiving 6 or more well-child visits	51.3	60.8
- % of children ages 3-6 with one or more well-child visits	62.8	68
- % of adolescents ages 12-21 receiving 1 well care visit	45.1	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	68.3	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	88	70.3
- % of sexually active women ages 16-20 screened for chlamydia	57.3	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	25.1	20.8
- % of children ages 3-17 whose BMI was documented in medical records	39.7	61.2
- % of children ages 1-20 with at least 1 preventive dental service	46.7	48.2

Pediatric Preventive Care Financial Incentives, 2016	LA	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.
- 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.
- 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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