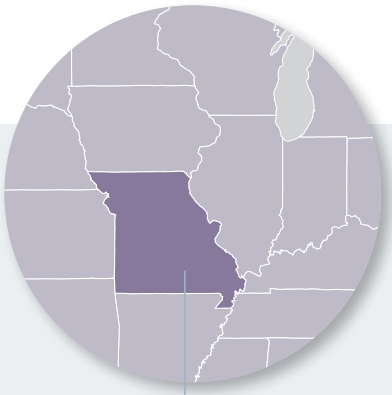
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



MISSOURI (MO)

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

Missouri'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 Missouri'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. Missouri'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

- Missouri's 2018 EPSDT requirements do not follow the Bright Futures/AAP Periodicity Schedule and screening recommendations. The state's periodicity schedule calls for 9 fewer visits than Bright Futures, but the state's provider manual notes that children may be screened at any time if the health care provider feels it is medically necessary to provide additional screening services. The state's periodicity schedule does not include specific screening recommendations. Instead, the Missouri's Medicaid agency specifies in its provider manual a set of age-specific preventive care screening guides or claims forms specific to each recommended EPSDT visit. The forms have sections on 1) interval history/parent concerns, 2) unclothed physical examination, 3) anticipatory guidance, 4) lab/immunizations, 5) lead screen, 6) developmental and mental health, 7) fine motor/gross motor skills, 8) hearing, 9) vision, and 10) dental. Missouri provides a link to the Bright Futures website to assist families to use their encounter forms during each well-child exam.
- The state's medical necessity definition for EPSDT, described below, incorporates a preventive purpose.
  - Medically Necessary: The health plan shall be responsible for providing covered services sufficient in amount, duration, and scope to reasonably achieve their purpose, and in accordance with accepted standards of practice in the medical community of the area in which the services are rendered. Services shall be furnished in the most appropriate setting. Services may be limited by medical necessity. A service shall be considered medically necessary if it 1) prevents, diagnoses, or treats a physical or behavioral health condition or injury; 2) is necessary for the member to achieve age appropriate growth and development; 3) minimizes the progression of disability; or 4) is necessary for the member to attain, maintain, or regain functional capacity. A service shall not be considered reasonable and medically necessary if it can be omitted without adversely affecting the member's condition or the quality of medical care rendered.
    - In reference to medically necessary care, behavioral health services shall be provided in accordance with a process of behavioral health assessment that accurately determines the clinical condition of the member and the acceptable standards of practice for such clinical conditions. The process of behavioral health assessment shall include distinct criteria for children and adolescents.
    - The health plan shall provide medically necessary services to children from birth through age 20, which are necessary to treat or ameliorate defects, physical or behavioral health, or conditions identified by an HCY/EPSDT screen. Services may be sufficient in amount, duration, and scope to reasonably achieve their purpose and may only be limited by medical necessity.
- According to CMS, in 2016, Missouri selected 7 of the 10 pediatric preventive care measures in the Child Core Set. The state did not select the measures on PCP visits, chlamydia screening, and BMI documentation.
- Missouri's quality performance rates, as shown in the table below, were higher than the national average for adolescent well care visits and HPV vaccinations. Missouri's rates were lower than the national average for well care visits for children in the 1st 15 months of age and ages 3 to 6, child and adolescent immunizations, and preventive dental services.
- Missouri has performance improvement projects underway related to childhood immunizations, lead screening, and preventive dental visits.

Promising Practices

Missouri's Medicaid agency and its managed care plans send a birthday newsletter to each Medicaid-enrolled child through their 20th birthday. These age-specific news announcements serve as reminder that it is time for the well-child checkup. Included in the birthday newsletter is the recommended schedule for visits, what to expect at the check-up, tips for parents, and links for more information (eg., transportation, WIC, dental care).

Comparison of MO EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code

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/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	MO EPSDT	Bright Futures
- Birth through 9 months	6	7
- 1 through 4 years	6	7
- 5 through 10 years	4	6
- 11 through 14 years	2	4
- 15 through 20 years	3	6

Universal (U) and Selected (S) Screening Requirements	MO EPSDT	Bright Futures
Infancy (Birth-9 months)		
- Length/height & weight	See summary of findings above	U
- Head circumference		U
- Weight for length		U
- Blood pressure		S
- Vision		S
- Hearing		U/S
- Developmental screening		U
- Developmental surveillance		U
- Psychosocial/behavioral assessment		U
- Maternal depression screening		U
- Newborn blood screening		U
- Critical congenital heart screening		U
- Anemia		S
- Lead		S
- Tuberculosis		S
- Oral health		U/S
- Fluoride varnish		U
- Fluoride supplementation		S

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

Code

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/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	MO EPSDT	Bright Futures
Early Childhood (Ages 1-4)		
- Length/height & weight	See summary of findings above	U
- Head circumference		U
- Weight for length		U
- Body mass index		U
- Blood pressure		U/S
- Vision		U/S
- Hearing		U/S
- Developmental screening		U
- Autism spectrum disorder screening		U
- Developmental surveillance		U
- Psychosocial/behavioral assessment		U
- Anemia		U/S
- Lead		U/S
- Tuberculosis		S
- Dyslipidemia		S
- Oral health		S
- Fluoride varnish		U
- Fluoride supplementation		S
Middle Childhood (Ages 5-10)		
- Length/height & weight	See summary of findings above	U
- Body mass index		U
- Blood pressure		U
- Vision		U/S
- Hearing		U/S
- Developmental surveillance		U
- Psychosocial/behavioral assessment		U
- Anemia		S
- Lead		S
- Tuberculosis		S
- Dyslipidemia		U/S
- Oral health		S
- Fluoride varnish		U
- Fluoride supplementation		S
Adolescence (Ages 11-20)		
- Length/height & weight	See summary of findings above	U
- Body mass index		U
- Blood pressure		U
- Vision		U/S
- Hearing		U
- Developmental surveillance		U
- Psychosocial/behavioral assessment		U
- Tobacco, alcohol or drug use assessment		S
- Depression screening		U
- Anemia		S
- Tuberculosis		S
- Dyslipidemia		U/S
- Sexually transmitted infections		S
- HIV		U/S
- Fluoride supplementation		S

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Missouri'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	MO	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	57.6	60.8
- % of children ages 3-6 with one or more well-child visits	64.5	68
- % of adolescents ages 12-21 receiving 1 well care visit	46.9	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	52	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	49.6	70.3
- % of sexually active women ages 16-20 screened for chlamydia	—	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	44.4	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	34.1	48.2

Pediatric Preventive Care Financial Incentives, 2016	MO	US
- Use of preventive incentives for consumers	Yes	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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