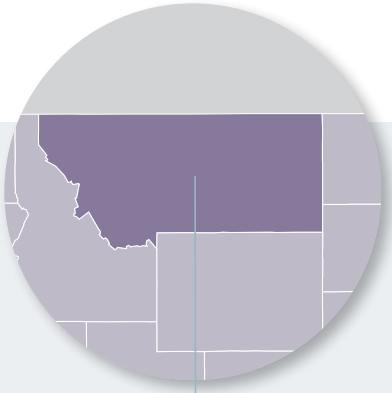
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



MONTANA (MT)

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

Montana'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 Montana'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. Montana'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

- Montana's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition for EPSDT addresses coverage for preventive purposes.
  - Medically necessary service means a service or item reimbursable under the Montana Medicaid program, as provided in these rules: a) which is reasonably calculated to prevent, diagnosis, correct, cure, alleviate, or prevent the worsening of conditions in a patient which: i) endanger life; ii) cause suffering or pain; iii) result in illness or infirmity; iv) threaten to cause or aggravate a handicap; or v) cause physical deformity or malfunction. b) A service or item is not medically necessary if there is another service or item for the recipient that is equally safe and effective and substantially less costly including, when appropriate, no treatment at all. C) Experimental services or services which are generally regarded by the medical profession as unacceptable treatment are not medically necessary for purposes of the Montana Medicaid program. I) Experimental services are procedures and items, including prescribed drugs, considered experimental or investigational by the US Department of Health and Human Services, including the Medicare program, or the department's designated review organization or procedures and items approved by the US Department of Health and Human Services for use only in controlled studies to determine the effectiveness of such services.
- According to CMS, in 2016, Montana reported on all 10 pediatric preventive care measures in the Child Core Set for its CHIP population. The preventive dental service is reported for Medicaid enrollees.
- Montana's pediatric preventive care quality performance rates, as shown in the table below, were all lower than the national average.
- No child health performance improvement projects were mentioned.

Promising Practices

Montana is developing culturally appropriate strategies to educate health care professionals and Native American families to improve maternal and child health outcomes. The "Coming of the Blessing" is a March of Dimes initiative that includes prenatal education, training, and resources that incorporate transitional beliefs and lessons learned from their ancestors and their partners in the circle of support during pregnancy. The Medicine Wheel is used to guide the family through the cycle of childbearing – from the first trimester where the "blessing has been planted," (colored in yellow for the east and each new day), to the second trimester whether the mother "feels the blessing dance" (colored in blue for the west), to the third trimester where the "blessing is fulfilled" (colored in white for the north). The state is also implementing public health education and treatment strategies for drug-addicted pregnant women.

Comparison of MT EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code

U = Universal (all screened)
S = Selective (only those of higher risk screened)
U/S = Universal and selective requirements

See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	MT 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	MT 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

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

Code

U = Universal (all screened)
S = Selective (only those of higher risk screened)
U/S = Universal and selective requirements

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	MT EPSDT	Bright Futures
Early Childhood (Ages 1-4)		
- 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 Montana'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	MT	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	83.8	95.2
• Ages 25 months-6 years (in past year)	73.7	87.7
• Ages 7-11 (in past 2 years)	77.1	90.9
• Ages 12-19 (in past 2 years)	79	89.6
- % of children by 15 months receiving 6 or more well-child visits	42.5	60.8
- % of children ages 3-6 with one or more well-child visits	45.4	68
- % of adolescents ages 12-21 receiving 1 well care visit	31.6	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	25.8	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	37.8	70.3
- % of sexually active women ages 16-20 screened for chlamydia	40.7	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	9.4	20.8
- % of children ages 3-17 whose BMI was documented in medical records	0.8	61.2
- % of children ages 1-20 with at least 1 preventive dental service	30.1	48.2

Pediatric Preventive Care Financial Incentives, 2016	MT	US
- Use of preventive incentives for consumers	No	NA
- Use of performance incentives for providers	No	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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This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under UC4MC28034 Alliance for Innovation on Maternal and Child Health. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.