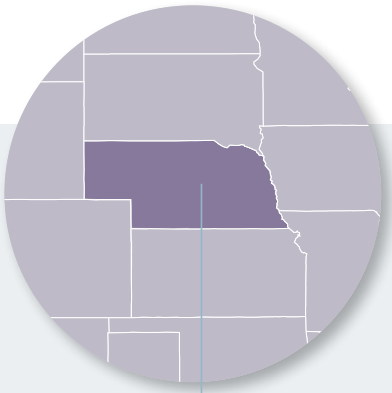
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



NEBRASKA (NE)

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

Nebraska'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 Nebraska'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. Nebraska'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

- Nebraska's 2018 EPSDT periodicity schedule and screening recommendations follow the Bright Futures/AAP recommendations.
- The state's medical necessity definition for EPSDT, below, does not incorporate a preventive purpose.
  - Medical necessity is defined as: Health care services and supplies which are medically appropriate and rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service; consistent in type, frequency, duration of treatment with scientifically based guidelines of national medical, research, or health care coverage organizations or governmental agencies; consistent with the diagnosis of the condition; required for means other than the convenience of the client or his or her physician; no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency; of demonstrated value; and no more intense level of service than can be safely provided.
- According to CMS, in 2016, Nebraska selected all 10 pediatric preventive care measures in the Child Core Set.
- Nebraska's quality performance rates, as shown in the table below, is the same or higher than the national average for PCP visits for children ages 12 to 24 months and adolescents ages 12 to 19 and preventive dental services. The state's performance was lower than the national average for the following measures: PCP visits for children ages 25 months to 6 years and 7 to 11 years, well care visits for the 3 child/adolescent age groups, childhood and adolescent immunizations, HPV vaccinations, chlamydia screening, and BMI documentation.
- Performance improvement projects underway related to screening for behavioral health, immunizations, and BMI screening.

Promising Practices

The EPSDT program in Nebraska has eliminated diagnostic exclusions for autism and developmental disabilities, allowing for children diagnosed with these disorders to receive behavior modification services through traditional outpatient services (i.e., psychotherapy, day treatment and community treatment aide). In keeping with best practice treatments for autism and developmental disabilities, Nebraska submitted a State Plan Amendment, which was approved in March 2016 to begin offering Applied Behavioral Analysis Services to EPSDT-eligible children.

Comparison of NE EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Nebraska's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Nebraska 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	NE 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	NE 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 NE 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	NE 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 the Nebraska'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	NE	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	95.5	95.2
• Ages 25 months-6 years (in past year)	86.4	87.7
• Ages 7-11 (in past 2 years)	85.4	90.9
• Ages 12-19 (in past 2 years)	89.6	89.6
- % of children by 15 months receiving 6 or more well-child visits	41.2	60.8
- % of children ages 3-6 with one or more well-child visits	56.3	68
- % of adolescents ages 12-21 receiving 1 well care visit	41.2	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	15.8	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	53.4	70.3
- % of sexually active women ages 16-20 screened for chlamydia	26.4	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	13.8	20.8
- % of children ages 3-17 whose BMI was documented in medical records	1.7	61.2
- % of children ages 1-20 with at least 1 preventive dental service	53.9	48.2

Pediatric Preventive Care Financial Incentives, 2016	NE	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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