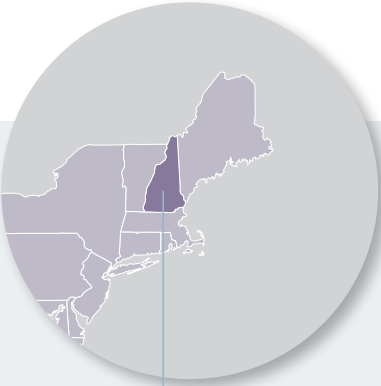


Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

NEW HAMPSHIRE (NH)



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

New Hampshire'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 New Hampshire'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. New Hampshire'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 February 2018.

Summary of Findings

- New Hampshire's 2018 EPSDT requirements follow the Bright Future/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition for EPSDT, below, incorporates a preventive purpose.
 - “Medically necessary” means reasonably calculated to prevent, diagnose, cure, alleviate or prevent the worsening of conditions that endanger life, cause pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and no other equally effective course of treatment is available or suitable for the EPSDT member requesting a medically necessary service.
- According to CMS, in 2016, New Hampshire selected 9 of the 10 pediatric preventive care measures in the Child Core Set. The measure not selected was chlamydia screening.
- The state's pediatric performance rates were the same or higher than the national average all 9 preventive measures: PCP visits, well visits for the 3 child/adolescent age groups, childhood and adolescent immunizations, HPV vaccinations, BMI documentation, and preventive dental care.
- The state has performance improvement projects underway related to BMI screening and well child and adolescent visits.

Promising Practices

New Hampshire Medicaid has the Cent Account[®] Program to promote recommended use of preventive services. Its Healthy Families members receive a prepaid MasterCard debit card and credit is added to the account balance when the child receives preventive care services, which are aligned with the state's quality performance measures. Families can use the cards to purchase health care goods and services.

Comparison of NH EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on New Hampshire’s EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 New Hampshire 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	NH 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	NH 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 NH EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

Code	Universal (U) and Selected (S) Screening Requirements	NH EPSDT	Bright Futures
U = Universal screening (all screened)	Early Childhood (Ages 1-4)		
S = Selective screening (only those of higher risk screened)	- Length/height & weight	U	U
U/S = Visits in that age group have universal and selective requirements.	- Head circumference	U	U
See Bright Futures/AAP Periodicity Schedule for complete information.	- 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 New Hampshire'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	NH	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	97.5	95.2
• Ages 25 months-6 years (in past year)	91.1	87.7
• Ages 7-11 (in past 2 years)	95	90.9
• Ages 12-19 (in past 2 years)	93.3	89.6
- % of children by 15 months receiving 6 or more well-child visits	72.7	60.8
- % of children ages 3-6 with one or more well-child visits	79.4	68
- % of adolescents ages 12-21 receiving 1 well care visit	60.9	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	71.8	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	70.3	70.3
- % of sexually active women ages 16-20 screened for chlamydia	—	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	23.5	20.8
- % of children ages 3-17 whose BMI was documented in medical records	69.4	61.2
- % of children ages 1-20 with at least 1 preventive dental service	54.8	48.2

Pediatric Preventive Care Financial Incentives, 2016	NH	US
- Use of preventive incentives for consumers	Yes	NA
- Use of performance incentives for providers	Yes	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.
- ³FAQs about *Affordable Care Act Implementation*. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.
- 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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