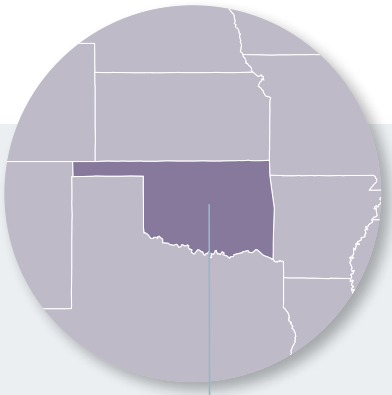
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



OKLAHOMA (OK)

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

Oklahoma'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 Oklahoma'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. Oklahoma'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

- Oklahoma's 2018 EPSDT screening recommendations, effective October 2018, are based on the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- Oklahoma's definition of medical necessity, below, includes a preventive focus.
  - Medical necessity is established through consideration of the following standards:
    (1) Services must be medical in nature and must be consistent with accepted health care practice standards and guidelines for the prevention, diagnosis or treatment of symptoms of illness, disease, or disability;
    (2) Documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the client's need for the service;
    (3) Treatment of the client's condition, disease or injury must be based on reasonable and predictable health outcomes;
    (4) Services must be necessary to alleviate a medical condition and must be required for reasons other than convenience for the client, family, or medical provider;
    (5) Services must be delivered in the most cost-effective manner and most appropriate setting; and
    (6) Services must be appropriate for the client's age and health status and developed for the client to achieve, maintain or promote functional capacity.
- According to CMS, in 2016, Oklahoma selected all 10 pediatric preventive care measures in the Child Core Set.
- The state's performance rates were higher than the national average, as shown in the table below, for PCP visits, well visits for children in the 1st 15 months and chlamydia screening. Oklahoma's rates for the following pediatric preventive care measures were lower than the national average: well care visits for children ages 3 to 6 and for adolescents ages 12 to 21, childhood immunizations, adolescent immunizations, HPV vaccinations, BMI documentation, and preventive dental services.
- Oklahoma's preventive care performance improvement projects currently underway relate to behavioral health screening, immunizations, and well child/adolescent visits.

Promising Practice

The Interconception Care Program, implemented in 2013, provides case management services to teen mothers who reside in one of the top 13 counties with the highest fetal infant mortality rates. The case manager contacts the teen member and her obstetrical provider and sets up a series of monthly assessments and follow-up, including depression screening and referral, and provides ongoing linkages for transportation and scheduling assistance, education about pregnancy-related issues, and medication and appointment compliance. Following the birth of the infant, the case manager conducts a postpartum assessment, provides linkages to home visiting support, and focuses on contraception utilization, medical and dental well-checks for the teen mother, increasing primary care visits, and return to school/vocational training. At the 12-month period, a postpartum assessment and an adolescent depression screening is completed with follow-up, if needed.

Comparison of OK EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Oklahoma's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Oklahoma 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 Periodicity Schedule for complete information.

Number of Well Child Visits by Age	OK 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	OK 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

continued on next page

Comparison of OK 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 Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	OK 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 Oklahoma'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	OK	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	96.2	95.2
• Ages 25 months-6 years (in past year)	89.8	87.7
• Ages 7-11 (in past 2 years)	92.1	90.9
• Ages 12-19 (in past 2 years)	92.8	89.6
- % of children by 15 months receiving 6 or more well-child visits	68.1	60.8
- % of children ages 3-6 with one or more well-child visits	56.7	68
- % of adolescents ages 12-21 receiving 1 well care visit	22.4	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	6	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	22.2	70.3
- % of sexually active women ages 16-20 screened for chlamydia	55.4	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	11.8	20.8
- % of children ages 3-17 whose BMI was documented in medical records	3	61.2
- % of children ages 1-20 with at least 1 preventive dental service	47.6	48.2

Pediatric Preventive Care Financial Incentives, 2016	OK	US
- Use of preventive incentives for consumers	No	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.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

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.