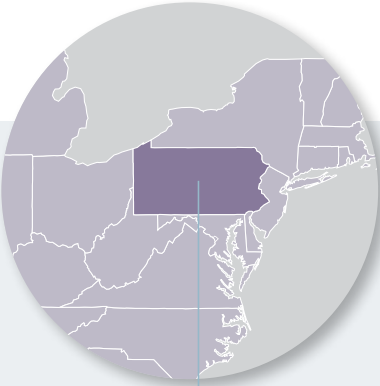


# Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

## PENNSYLVANIA (PA)



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)*<sup>1</sup> and the corresponding Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)<sup>2</sup> 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.<sup>3</sup> 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.<sup>4,5</sup> The following analysis of Pennsylvania's EPSDT benefit was conducted by the AAP to promote the use of Bright Futures as the professional standard for pediatric preventive care.

Pennsylvania'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.<sup>2</sup> This state profile also contains information about Pennsylvania'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. Pennsylvania'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.<sup>6</sup> This profile was also reviewed by state Medicaid EPSDT officials. Information is current as of April 2018.

## Summary of Findings

- Pennsylvania's 2018 EPSDT periodicity schedule is the same as the Bright Futures/AAP Periodicity Schedule. The state's screening recommendations are very similar to Bright Futures.
- The state's medical necessity definition, described below, incorporates a preventive purpose.
  - A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that: 1) will, or is reasonably expected to prevent the onset of an illness, condition, injury, or disability; 2) will, or is reasonably expected to reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability; 3) will assist the recipient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.
- According to CMS, 2016, Pennsylvania selected all 10 pediatric preventive care measures in the Child Core Set.
- Pennsylvania's quality performance rates, as shown in the table below, were higher than the national average for 9 of the 10 pediatric preventive care measures. The state had a lower rate than the national average for preventive dental services.
- The state has pediatric preventive care performance improvement projects underway related to BMI screening and preventive dental care.

## Promising Practice

Pennsylvania has established a contractual requirement for its managed care organizations to create a Special Needs Unit. These units are to help families navigate the complexities of the health care system. They are also required to focus on transitioning children with complex needs to adult providers.

## Comparison of PA EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	Number of Well Child Visits by Age	PA EPSDT	Bright Futures
U = Universal (all screened)	- Birth through 9 months	7	7
S = Selective screening (only those of higher risk)	- 1 through 4 years	7	7
U/S = Universal and selective requirement	- 5 through 10 years	6	6
NS = Not specified	- 11 through 14 years	4	4
	- 15 through 20 years	6	6

Universal (U) and Selected (S) Screening Requirements	PA EPSDT	Bright Futures
<b>Infancy (Birth-9 months)</b>		
- Length/height & weight	U	U
- Head circumference	U	U
- Weight for length	U	U
- Blood pressure	U	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	U	S
- Tuberculosis	S	S
- Oral health	S	U/S
- Fluoride varnish	NS	U
- Fluoride supplementation	S	S

*continued on next page*

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

Code	Universal (U) and Selected (S) Screening Requirements	PA EPSDT	Bright Futures
U = Universal (all screened)			
S = Selective screening (only those of higher risk)			
U/S = Universal and selective requirement			
NS = Not specified			
See Bright Futures/AAP Periodicity Schedule for complete information.			
	<b>Early Childhood (Ages 1-4)</b>		
	- Length/height & weight	U	U
	- Head circumference	U	U
	- Weight for length	U	U
	- Body mass index	U	U
	- Blood pressure	U	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	U/S
	- Tuberculosis	S	S
	- Dyslipidemia	S	S
	- Oral health	U/S	S
	- Fluoride varnish	NS	U
	- Fluoride supplementation	S	S
	<b>Middle Childhood (Ages 5-10)</b>		
	- 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	U	S
	- Tuberculosis	S	S
	- Dyslipidemia	U/S	U/S
	- Oral health	U	S
	- Fluoride varnish	NS	U
	- Fluoride supplementation	S	S
	<b>Adolescence (Ages 11-20)</b>		
	- 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 Pennsylvania's 2016 quality performance information on pediatric preventive care measures reported to CMS<sup>6</sup>, as well as their use of financial incentives for pediatric preventive care.

Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set	PA	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	96.9	95.2
• Ages 25 months-6 years (in past year)	89.3	87.7
• Ages 7-11 (in past 2 years)	93.2	90.9
• Ages 12-19 (in past 2 years)	92	89.6
- % of children by 15 months receiving 6 or more well-child visits	69.6	60.8
- % of children ages 3-6 with one or more well-child visits	76.4	68
- % of adolescents ages 12-21 receiving 1 well care visit	56.9	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	75.2	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	84.8	70.3
- % of sexually active women ages 16-20 screened for chlamydia	53.7	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	26.7	20.8
- % of children ages 3-17 whose BMI was documented in medical records	70.2	61.2
- % of children ages 1-20 with at least 1 preventive dental service	46.1	48.2

Pediatric Preventive Care Financial Incentives, 2016	PA	US
- Use of preventive incentives for consumers	No	NA
- Use of performance incentives for providers	Yes	NA

### References

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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.