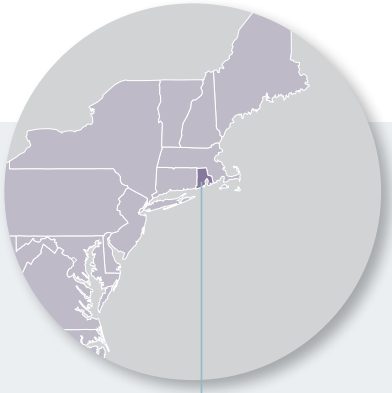
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



RHODE ISLAND (RI)

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

Rhode Island'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 Rhode Island'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. Rhode Island'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

- Rhode Island's 2018 EPSDT periodicity schedule is the same as the Bright Futures/AAP Periodicity Schedule. The state's screening requirements are very similar to Bright Futures and, in a few instances for infants and young children, these screening requirements are more often universal than selective.
- The state's medical necessity definition, described below, incorporates a preventive focus.
  - Medical necessity means the medical, surgical, or other services required for the prevention, diagnosis, cure, or treatment of a health-related condition, such services necessary to prevent a detrimental change in either medical or mental health status. Medically necessary services must be provided in the most effective and appropriate setting and shall not be provided solely for the convenience of the consumer or provider.
- According to CMS, in 2016, Rhode Island selected all 10 pediatric preventive care measures in the Core Child Set.
- Rhode Island's quality performance rates were higher than the national average for all but two of the measures: PCP visits for children ages 12-24 months and preventive dental care. In several instances, their quality performance rates were much higher - for well-child visits for all child/adolescent age groups, immunizations, chlamydia screening, and BMI documentation.
- The state has pediatric preventive care performance improvement projects underway related to well child visits, adolescent immunizations, developmental screening, and consumer outreach and education.

Promising Practice

Rhode Island's EPSDT program is partnering with the state's Department of Education – a part of its "Race to the Top" Early Learning Challenge federal grant to expand and record developmental screening consistent with AAP recommended periodic developmental screening for young children. Working with local school districts, child care settings, and health care practices, this effort builds on the Department of Health's "Watch Me Grow RI" initiative to provide technical assistance to implement regular developmental screening and special social/emotional health screening. Rhode Island plans to have a cross-departmental shared Early Learning Data System that incorporates development screening results and is fully integrated into KIDSNET(a secure database on children's health) in order to better identify children with special needs, track participation in early learning, and monitor children's development.

Comparison of RI EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code
NS = Not specified
U = Universal (all screened)
S = Selective screening (only those of higher risk)
U/S = Universal and selective requirement
See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	RI 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	RI 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	U/S
- Developmental screening	U	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Maternal depression screening	NS	U
- Newborn blood screening	U	U
- Critical congenital heart screening	U	U
- Anemia	S	S
- Lead	S	S
- Tuberculosis	S	S
- Oral health	S	U/S
- Fluoride varnish	S	U
- Fluoride supplementation	S	S

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

Code

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U/S = Universal and selective requirement

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	RI 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	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	U/S
- Lead	U	U/S
- Tuberculosis	S	S
- Dyslipidemia	S	S
- Oral health	U/S	S
- Fluoride varnish	S	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	S	U/S
- Oral health	U	S
- Fluoride varnish	S	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	S	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	U/S	S
- HIV	U/S	U/S
- Fluoride supplementation	NS	S

Pediatric Preventive Care Quality Measures, Performance, and Financial Incentives

Included in the tables below are Rhode Island'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	RI	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	94.2	95.2
• Ages 25 months-6 years (in past year)	92.5	87.7
• Ages 7-11 (in past 2 years)	97	90.9
• Ages 12-19 (in past 2 years)	95.9	89.6
- % of children by 15 months receiving 6 or more well-child visits	80.9	60.8
- % of children ages 3-6 with one or more well-child visits	80	68
- % of adolescents ages 12-21 receiving 1 well care visit	60.2	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	81.6	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	87.2	70.3
- % of sexually active women ages 16-20 screened for chlamydia	63.9	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	30.8	20.8
- % of children ages 3-17 whose BMI was documented in medical records	85	61.2
- % of children ages 1-20 with at least 1 preventive dental service	47.4	48.2

Pediatric Preventive Care Financial Incentives, 2016	RI	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.

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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.