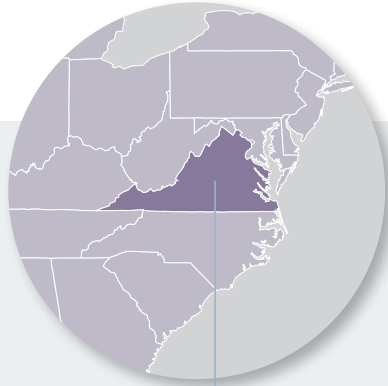


# Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



## VIRGINIA (VA)

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

Virginia'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 Virginia'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. Virginia'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 March 2018.

## Summary of Findings

- Virginia's 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state's medical necessity definition, described below, uses the federal definition of medical necessity for EPSDT and incorporates a preventive purpose. All treatment services require service authorization. The purpose of service authorization is to validate that the service being requested is:
  - Deemed medically necessary to correct or ameliorate a child's defect, physical or mental illness, or condition;
  - Authorized (approved) before the service is rendered by the provider; and
  - Documented by a physician, if there is a need for specialist referral or treatment.
- According to CMS, in 2016, Virginia selected all 10 pediatric preventive care measures in the Child Core Set.
- Virginia's quality performance rates, as shown in the table below, were higher than the national average for 7 of the 10 measures. Rates were lower than the national average for adolescent immunizations, chlamydia screening, and HPV vaccinations.
- Virginia has no pediatric preventive care performance improvement projects underway currently. Previously, Medicaid completed one on adolescent well child visits.

## Promising Practice

The Virginia EPSDT/Medicaid program has collaborated closely with its provider community to establish a consistent set of evidence-based coverage policies; provider qualifications, licensure, and training; and reimbursement for behavioral therapy for children with autism spectrum disorder. For more information about what Virginia and other states have implemented around Medicaid policy, refer to Leaf A, Kriz H, Pinson N, Mayer M. *Applied Behavioral Analysis Treatment for Autism Spectrum Disorders: Coverage Policies and Implementation*. Portland, OR: Center for Evidence-based Policy, Oregon Health & Science University, March 2013. Also, for more information about CMS' Medicaid coverage policies related to services for children with autism spectrum disorder, see Mann C. *Clarification of Medicaid Coverage of Services to Children with Autism*. Baltimore, MD: CMS, July 7, 2014.

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

The following tables provide information on Virginia’s EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Virginia 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	VA EPSDT	Bright Futures
U = Universal screening (all screened)	- Birth through 9 months	7	7
S = Selective screening (only those of higher risk screened)	- 1 through 4 years	7	7
U/S = Visits in that age group have universal and selective requirements.	- 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	VA 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	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 VA EPSDT and AAP/Bright Futures Periodicity Schedules *continued*

Code	Universal (U) and Selected (S) Screening Requirements	VA EPSDT	Bright Futures
U = Universal screening (all screened)	<b>Early Childhood (Ages 1-4)</b>		
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
	<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	S	S
	- Tuberculosis	S	S
	- Dyslipidemia	U/S	U/S
	- Oral health	S	S
	- Fluoride varnish	U	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 Virginia’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	VA	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	97.7	95.2
• Ages 25 months-6 years (in past year)	92.3	87.7
• Ages 7-11 (in past 2 years)	94.3	90.9
• Ages 12-19 (in past 2 years)	91.2	89.6
- % of children by 15 months receiving 6 or more well-child visits	62.1	60.8
- % of children ages 3-6 with one or more well-child visits	74.1	68
- % of adolescents ages 12-21 receiving 1 well care visit	50.3	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	73.3	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	58.8	70.3
- % of sexually active women ages 16-20 screened for chlamydia	45.1	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	20.3	20.8
- % of children ages 3-17 whose BMI was documented in medical records	62.6	61.2
- % of children ages 1-20 with at least 1 preventive dental service	49.7	48.2

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

### References

- <sup>1</sup>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.
- <sup>2</sup>Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Work Group. 2017 Recommendations for Preventive Pediatric Health Care. *Pediatrics*. 2017;139(4):e20170254.
- <sup>3</sup>*FAQs about Affordable Care Act Implementation*. Washington, DC: US Department of Labor, Employee Benefits Security Administration, May 11, 2015.
- <sup>4</sup>*EPSDT – A Guide for State: Coverage in the Medicaid Benefit for Children and Adolescents*. Baltimore, MD: Centers for Medicare and Medicaid Services, June 2014.
- <sup>5</sup>*Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits*. Baltimore, MD: Centers for Medicare and Medicaid Services, February 2014.
- <sup>6</sup>Quality 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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