Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

WISCONSIN (WI)

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

Wisconsin'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 Wisconsin'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. Wisconsin'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

- Wisconsin's 2018 EPSDT requirements do not follow the Bright Futures/AAP Periodicity Schedule and screening recommendations. The state calls for 9 fewer visits than is recommended by the Bright Futures. Wisconsin's screening recommendations are included in its provider handbook and on age-specific visit forms. Several of the services recommended by Bright Futures are not specified in these forms.
- The state's preventive care recommendations, listed in the table below, are included on age-specific visit forms. Several of the services recommended by Bright Futures are not specified in these forms.
- The state's medical necessity definition, below, incorporates a preventive purpose.
  - "Medically necessary" means a medical assistance service that is:
    (a) Required to preventive, identify or treat a recipient's illness, injury or disability; and
    (b) Meets the following standards:
      1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
      2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided;
      3. Is appropriate with regard to generally accepted standards of medical practice;
      4. Is not medically contraindicated with regard to the recipient's diagnosis, the recipient's symptoms or other medically necessary services being provided to the recipient;
      5. Is of proven medical value or usefulness and, consistent with s. DHS 107.035, is not experimental in nature;
      6. Is not duplicative with respect to other services being provided to the recipient;
      7. Is not solely for the convenience of the recipient, the recipient's family or a provider;
      8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary services which is reasonable access to the recipient; and
      9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.
- According to CMS, in 2016, Wisconsin reported on only one of the 10 pediatric preventive care measures in the Child Core Set: preventive dental services. The measures not selected were PCP visits, well care visits for all 3 child/adolescent age groups, childhood and adolescent immunizations, HPV vaccinations, chlamydia screening, and BMI documentation.
- The state's quality performance rate for preventive dental services was lower than the national average.
- Wisconsin has pediatric preventive care performance improvement projects related to behavioral health screening, immunizations, and oral health.

Promising Practices

Wisconsin's Departments of Health Services and Children and Families have partnered to implement Care4Kids, an innovative program designed to offer comprehensive and coordinated health services for children in foster care. Launched in six counties and serving about half of Wisconsin's children in foster care, Care4Kids creates a medical home team, assuring that children receive individualized treatment plans to address their special needs, including trauma-informed care. The program goals include 1) integrated physical, behavioral, and oral health care; 2) access to an initial health screening within two days of entering out-of-home care followed by a comprehensive health assessment within 30 days; 3) use of trauma-informed and evidence-informed practices; 4) cross-system coordination with the local school system, Birth to 3 program, children's long term support services, and county-funded mental health services; and 5) use of well-being outcomes, including better health, improved behavior and mental health, an increase in positive permanency outcomes, and enhanced resiliency. Wisconsin follows an enhanced periodicity schedule for children enrolled in Care4Kids program.

Comparison of WI EPSDT and AAP/Bright Futures Periodicity Schedules

The following tables provide information on Wisconsin's EPSDT periodicity schedule and screening recommendations by age group, comparing 2018 Wisconsin 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.

NS = not specified

See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	WI EPSDT	Bright Futures
- Birth through 9 months	5	7
- 1 through 4 years	7	7
- 5 through 10 years	4	6
- 11 through 14 years	2	4
- 15 through 20 years	3	6

Universal (U) and Selected (S) Screening Requirements	WI EPSDT	Bright Futures
Infancy (Birth-9 months)		
- Length/height & weight	U	U
- Head circumference	U	U
- Weight for length	U	U
- Blood pressure	NS	S
- Vision	U	S
- Hearing	U/S	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	NS	S

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Comparison of WI 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.

NS = not specified

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	WI 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	U/S
- Hearing	U/S	U/S
- Developmental screening	U	U
- Autism spectrum disorder screening	NS	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Anemia	S	U/S
- Lead	U/S	U/S
- Tuberculosis	S	S
- Dyslipidemia	S	S
- Oral health	U/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	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	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	S	U
- Developmental surveillance	U	U
- Psychosocial/behavioral assessment	U	U
- Tobacco, alcohol or drug use assessment	U	S
- Depression screening	U	U
- Anemia	U	S
- Tuberculosis	S	S
- Dyslipidemia	U/S	U/S
- Sexually transmitted infections	U	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 Wisconsin'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	WI	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	—	95.2
• Ages 25 months-6 years (in past year)	—	87.7
• Ages 7-11 (in past 2 years)	—	90.9
• Ages 12-19 (in past 2 years)	—	89.6
- % of children by 15 months receiving 6 or more well-child visits	—	60.8
- % of children ages 3-6 with one or more well-child visits	—	68
- % of adolescents ages 12-21 receiving 1 well care visit	—	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	—	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	—	70.3
- % of sexually active women ages 16-20 screened for chlamydia	—	48.8
- % of female adolescents by 13th birthday receiving 3 HPV doses	—	20.8
- % of children ages 3-17 whose BMI was documented in medical records	—	61.2
- % of children ages 1-20 with at least 1 preventive dental service	37.1	48.2

Pediatric Preventive Care Financial Incentives, 2016	WI	US
- Use of preventive incentives for consumers	Yes	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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