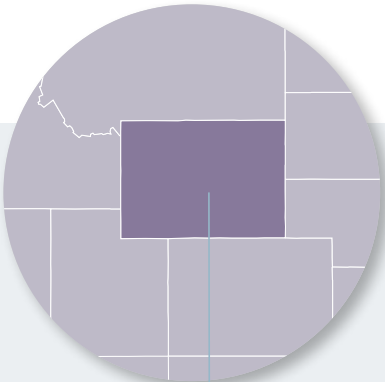


Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

WYOMING (WY)



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

Wyoming'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 Wyoming'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. Wyoming'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 May 2018.

Summary of Findings

- Wyoming’s 2018 EPSDT requirements follow the Bright Futures/AAP Periodicity Schedule and screening recommendations.
- The state’s medical necessity definition for EPSDT, described below, incorporates a preventive purpose.
 - A health service that is required to diagnosis, treat, cure, or prevent an illness, injury or condition which has been diagnosed or is reasonably suspected, to relieve pain or to improve and preserve health and be essential to life. The services must be consistent with the diagnosis and treatment of the recipient’s condition; recognized as the prevailing standard or current practice among the provider’s peer group; required to meet the medical needs of the recipient and undertaken for reasons other than the convenience of the recipient and the provider; and provided in the most efficient manner and/or setting consistent with appropriate care required by the recipient’s condition.
- According to CMS, in 2016, Wyoming selected 6 of the 10 pediatric preventive care measures in the Child Core Set. The following measures were not selected: childhood immunizations, HPV vaccination, chlamydia screening, and BMI documentation.
- Wyoming’s quality performance rates, shown in the table below, were lower than the national average for the 6 preventive care measures: PCP visits, well care visits for all 3 child/adolescent age groups, adolescent immunizations, and preventive dental services.
- Wyoming has performance improvement projects underway related to preventive dental care for young children.

Promising Practice

Wyoming’s Medicaid program has partnered with its Department of Health and an Oral Health Coalition to improve access to preventive dental services for young children. They have launched a “Community Oral Health Coordinator Program” in counties with the highest risk for dental disease. Dental hygienists in this program perform oral health screenings for children 6 months to 5 years of ages, assist with referrals to other dental services, and provide fluoride treatment for children in daycare settings and schools. In addition, Wyoming Medicaid has expanded its parent and provider education to encourage the first dental visit when the child turns one-year-old and to promote the use of dental sealants.

Comparison of WY EPSDT and AAP/Bright Futures Periodicity Schedules

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

Code	Number of Well Child Visits by Age	WY EPSDT	Bright Futures
U = Universal screening	- Birth through 9 months	7	7
S = Selective screening	- 1 through 4 years	7	7
U/S = Universal and selective requirements.	- 5 through 10 years	6	6
	- 11 through 14 years	4	4
	- 15 through 20 years	6	6

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	WY 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

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

Code	Universal (U) and Selected (S) Screening Requirements	WY EPSDT	Bright Futures
U = Universal screening			
S = Selective screening			
U/S = Universal and selective requirements.			
See Bright Futures/AAP Periodicity Schedule for complete information.			
	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 the Wyoming’s 2016 quality performance information on pediatric preventive care measures reported to CMS⁶, as well as their use of financial incentives for pediatric preventive care.

Pediatric Preventive Care Quality Measures and Performance, 2016 Child Core Set	WY	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	93.8	95.2
• Ages 25 months-6 years (in past year)	82.9	87.7
• Ages 7-11 (in past 2 years)	72.8	90.9
• Ages 12-19 (in past 2 years)	75.5	89.6
- % of children by 15 months receiving 6 or more well-child visits	29.3	60.8
- % of children ages 3-6 with one or more well-child visits	44.7	68
- % of adolescents ages 12-21 receiving 1 well care visit	28.6	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)	19.6	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	47.5	48.2

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

References

- ¹Hagan 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.
- ²Committee 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.
- ⁶Quality 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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