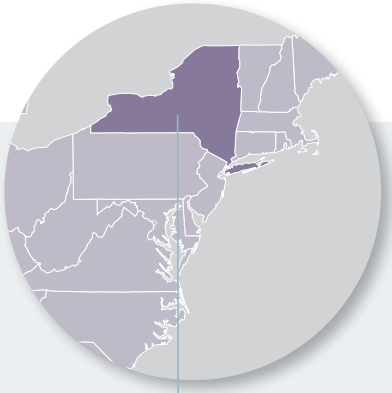
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)



NEW YORK (NY)

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

New York'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 New York'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. New York'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 March 2018.

Summary of Findings

- New York's 2018 EPSDT requirements state that all providers must follow the most current version of the Bright Futures/AAP Periodicity Schedule and screening recommendations. New York's Medicaid Child/Teen Health Provider Manual includes the 2016 Bright Futures recommendations, not the most current AAP recommendations. The table below reflects that New York follows the most current version of the Bright Futures/AAP Periodicity Schedule and recommendations.
- The state's medical necessity definition for EPSDT, described below, incorporates a preventive purpose.
  - "Medically necessary" means health care and services that are necessary to prevent, diagnose, manage or treat conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap. For children and youth, medically necessary services mean health care and services that are necessary to promote normal growth and development and prevent, diagnose, treat, ameliorate or palliate the effects of a physical, mental, behavioral, genetic, or congenital condition, injury or disability.
- According to CMS, in 2016, New York selected all 10 of the CMS pediatric preventive care measures in the Child Core Set.
- New York's quality performance rates, as shown in the table below, were higher than the national average for 9 of the 10 preventive measures in the Child Core Set. Its preventive dental services performance rate was lower.
- New York has conducted performance improvement projects related to BMI screening, immunizations, and well child and adolescent visits.

Promising Practice

- New York's Medicaid agency, based in the Department of Health, plays a key role in the Department's 5-year statewide prevention agenda, which was developed based on scientific literature reviews, consultation with subject matter experts, and actual experience from local partners. The Department's prevention agenda includes several pediatric preventive care goals, including 1) expanding the role of health care and health service providers and insurers in obesity prevention by increasing the percentage of children and adolescents ages 3-17 with a primary care visit who received appropriate assessment for weight status to 75%; 2) preventing the initiation of tobacco use by youth and young adults by decreasing to 15% the prevalence of any tobacco use by high school students; 3) improving childhood and adolescent immunization rates to 80% for childhood vaccinations and to 50% for HPV immunizations; 4) decreasing STD morbidity by reducing the gonorrhea and chlamydia case rates among persons ages 15-44 by 10%; 5) increasing the percentage of infants exclusively breastfed in the hospital to 48%; 6) increasing the percentage of children, 0-21, who have the recommended number of well child visits in accordance with AAP guidelines to 76.9%; 7) reducing the rate of adolescent and unplanned pregnancies by 10%; 8) preventing underage drinking and nonmedical use of painkillers by 10%; and 8) reducing occurrences of mental, emotional, and behavior disorders among youth by reducing by 10% the percentage of high school students who feel persistently sad and who attempt suicide.

Comparison of NY EPSDT and AAP/Bright Futures Periodicity Schedules

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

See Bright Futures/AAP Periodicity Schedule for complete information.

Number of Well Child Visits by Age	NY 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	NY 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 NY 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.

See Bright Futures/AAP Periodicity Schedule for complete information.

Universal (U) and Selected (S) Screening Requirements	NY 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/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 New York'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	NY	US
- % of children with primary care visit		
• Ages 12-24 months (in past year)	95.4	95.2
• Ages 25 months-6 years (in past year)	93.9	87.7
• Ages 7-11 (in past 2 years)	96.7	90.9
• Ages 12-19 (in past 2 years)	94.5	89.6
- % of children by 15 months receiving 6 or more well-child visits	64.6	60.8
- % of children ages 3-6 with one or more well-child visits	83.9	68
- % of adolescents ages 12-21 receiving 1 well care visit	64.9	45.1
- % of children by 2nd birthday up-to-date on recommended immunizations (combination 3)	74.8	68.5
- % of adolescents by 13th birthday up-to-date on recommended immunizations (combination 1)	74.4	70.3
- % of sexually active women ages 16-20 screened for chlamydia	71.9	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	77.2	61.2
- % of children ages 1-20 with at least 1 preventive dental service	43.5	48.2

Pediatric Preventive Care Financial Incentives, 2016	NY	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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