



## EPSDT Trends Fact Sheet 2015-2019

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The Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program requires each state to complete a reporting form provided by the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS). This form, known as the Form CMS-416, measures the states' efforts to ensure that eligible children receive the services provided through EPSDT. The forms are collected each year by the federal government.

The National Health Law Program's publication, [Children's Health Under Medicaid: A National Review of Early and Periodic Screening, Diagnostic, and Treatment Services 2015-2019](#), (the Chart Book) presents Form CMS-416 data from the states for Federal fiscal years 2015-2019 as reported by CMS. The Chart Book illustrates the performance of the EPSDT program at the national level and then state-by-state through a collection of charts and tables.

This Fact Sheet is a companion piece to the Chart Book, highlighting trends in the state performance data. It focuses on changes in the number of eligible children covered by each state, the increase or decrease in the percentage of children screened, the increase or decrease of the state's participation ratio, the change in the number of children referred for corrective treatment, the change in the number of children receiving any dental services, and the change in the number of children receiving lead screening services.

In the tables below, the increase or decrease compares the states' data from 2015 to states' performance in 2019. If there is a difference it should not necessarily be interpreted that a state's performance steadily increased or steadily decreased over that time. The data reported by many states fluctuates up and down from year to year and the data in these tables simply tell us that the state is providing more or fewer EPSDT services than they were in 2015. Some states have vastly different numbers in their referrals for treatment data and their lead screening data from one year to the next that are hard to reconcile with an expected year-to-year change. In those cases, this document reports the change in referrals or lead screening from a narrower span of years, 2017 to 2019 for example, in order to give a more accurate idea of the trends in the data.

## Eligibles

Eligibles are the total number of individuals under the age of 21 enrolled in Medicaid or a Children’s Health Insurance Program (CHIP) Medicaid expansion program determined to be eligible for EPSDT services, either because they are categorically eligible or medically eligible. “Individuals under age 21 are considered eligible for EPSDT services regardless of whether they have been informed about the availability of EPSDT services or whether they accept EPSDT services at the time of informing.”<sup>1</sup>

Table 1.

<b>Eligibles</b>	<b>Increased</b>	<b>Decreased</b>	<b>No significant change</b>
Number of states	22	24	6
Largest change (by % change)	Alaska +16%	Puerto Rico -33%	

In Table 1 there are more states that reported a decrease than an increase in the number of individuals eligible for services. The column labeled “No significant change” in the table means that the difference between 2015 and 2019 was less than 1 percent or less than a 1-percentage point change. Only two states, Arizona and Alaska, reported a double-digit percentage increase in the number of eligible individuals. However, seven states reported double-digit percentage decreases in the number of eligible individuals.

## Screening Ratio

The Screening Ratio indicates the actual number of initial and periodic screening services received by eligibles compared to the expected number of initial and periodic screening services.<sup>2</sup> A screening ratio with a high percentage means that the state is screening most of the children they should be screening, which means if problems are detected the children can be referred to the appropriate treatment. A low percentage ratio means that there are numerous children not getting appropriately screened, which means detrimental health conditions are potentially going unnoticed. The increase or decrease in the ratio is reported in

<sup>1</sup> Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report. Line 1a -- Total Individuals Eligible for EPSDT

<sup>2</sup> Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report. Line 7 -- Screening Ratio.

Table 2 by the change in percentage points, not by the percentage of change as in most of the other tables in this Fact Sheet.

Table 2.

<b>Screening Ratio</b>	<b>Increased</b>	<b>Decreased</b>	<b>No significant change</b>
Number of states	23	26	3
Largest change (by percentage point change)	Idaho +26 pct points	Nevada & Wisconsin -30 pct points	

In Table 2 there are more states that reported a decrease than an increase in the screening ratio. Ten states reported a screening ratio increase of more than 10-percentage points, led by Idaho, South Dakota, and Arkansas, all of which reported a screening ratio increase of more than 20-percentage points. Conversely, there are fourteen states which reported a decrease in screening ratio of more than 10-percentage points, four of which reported decreases of more than 20-percentage points, including Nevada and Wisconsin, which decreased by 30.

## Participation Ratio

The Participation Ratio indicates the extent to which eligibles are receiving any initial and periodic screening services during the year based on the number of eligibles who should be receiving screening services.<sup>3</sup> As with the Screening Ratio, the increase or decrease in the Participation Ratio is reported in Table 3 by the change in percentage points, not by the percentage of change.

Table 3.

<b>Participation Ratio</b>	<b>Increased</b>	<b>Decreased</b>	<b>No significant change</b>
Number of states	29	18	5
Largest change (by percentage point change)	Idaho +14 pct points	Puerto Rico -34 pct points	

<sup>3</sup> Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report. Line 10 -- Participation Ratio

In Table 3 the majority of states reported an increase in their Participation Ratio. Five of those states – Idaho, Oregon, Ohio, California, and Vermont – reported a double-digit percentage-point increase. Of the states that reported a Participation Ratio decrease, eight reported a decrease of more than 10-percentage points, but only Puerto Rico experienced a greater than 20-point decrease.

In 1990 CMS set a goal of 80 percent participation for states to reach by 1995. In 2019, Hawaii led the nation with a participation ratio of 87 percent, the only state above 80 percent. It has achieved this each year since 2015, except in 2017. Four other states topped 70 percent in 2019 with Washington closest at 78 percent. Thirteen states are above 60 percent. Iowa and Louisiana both passed 80-percent participation in 2017, but each has dropped back to 58 percent in 2019. Pennsylvania and Wisconsin are the only other states which have come close to 80 percent since 2015 and they too have fallen back to 57-percent participation in 2019. Nine states have participation ratios below 50 percent; South Dakota and Alaska with the lowest participation in the country at 38 and 36 percent.<sup>4</sup>

## Referrals

Total Eligibles Referred for Corrective Treatment is a measure of the number of individuals who have had a follow-up visit with a clinician or received treatment within 90 days of their initial or periodic screening. In Table 4 the changes are reported as a percentage change.

Table 4.

<b>Referrals</b>	<b>Increased</b>	<b>Decreased</b>	<b>No significant change</b>
Number of states	30	18	2
Largest change (by % change)	North Dakota +102%	Nebraska -96%	*CT & VT do not report referrals

The majority of states reported an increase in the number of Referrals for Corrective Treatment. In over twenty states the percentage increase in referrals for treatment exceeded 20 percent, eight of those states increased referrals between 30 and 50 percent, and five states increased their referrals by over 50 percent. Ten states saw their referrals drop by more than 10 percent, four of which had decreases in referrals between 30 and 70 percent.

<sup>4</sup> Nevada, Puerto Rico, Mississippi, Nebraska, North Dakota, Oklahoma, Montana, South Dakota, Alaska

Seven states had large changes in the reported number of eligible individuals referred for treatment services during the period of 2015-2019. These changes could be for a variety of reasons but because some of the numbers are so out of line with the state's recently reported data, the years containing the questionable data were excluded from the trends analysis. Two additional states, Michigan and New York, did not start reporting referrals until 2018. In these nine states, the years considered for the trends do not encompass all of 2015-2019. The years that are included in the trends analysis were decided on a state-by-state basis.<sup>5</sup> Appendix A contains the numbers of Referrals for Corrective Treatment for the seven states in question for the period 2015-2019. Connecticut and Vermont do not report any referral data and are not included in this part of the analysis.

Table 5 is a comparison of the ten states with the highest and ten states with lowest percentages of their eligible individuals that were referred for corrective treatment after an initial or periodic screening. As can be seen in the table there are large discrepancies between the states referring the highest percentage of eligibles for treatment and the states referring the lowest percentages of eligibles. Unfortunately, the data alone cannot explain why these differences exist.

Table 5.

<b>Percentage of Eligibles Referred for Corrective Treatment</b>			
<b>Highest Percentages</b>		<b>Lowest Percentages</b>	
Florida	69%	Nebraska	<1%
Maryland	61%	New Mexico	<1%
New York	53%	Iowa	1%
Massachusetts	48%	Georgia	2%
Indiana	47%	Washington	3%
Texas	46%	Minnesota	6%
California	43%	Oklahoma	6%

<sup>5</sup> The years included in the Referrals trends analysis are listed in parentheses after the state name: California (2018-2019), Delaware (2018-2019), Puerto Rico (2017-2019), South Carolina (2018-2019), Texas (2017-2019), West Virginia (2017-2019), Wyoming (2017-2019)

Oregon	43%	Michigan	7%
District of Columbia	39%	Missouri	9%
North Dakota	38%	South Dakota	10%

## Dental Services

Total Eligibles Receiving Any Dental Services is the number of eligible individuals with at least 90 continuous days of enrollment who received at least one dental service by or under the supervision of a dentist.<sup>6</sup> Supervision can be direct, indirect, general, collaborative, or public health supervision. A dentist or dental hygienist can provide these services. In Table 6 the changes are reported as a percentage change.

Table 6.

<b>Dental Services</b>	<b>Increased</b>	<b>Decreased</b>	<b>No significant change</b>
Number of states	36	14	2
Largest change (by % change)	Wisconsin +42%	Puerto Rico -29%	

A large majority of the states reported an increase in the number of eligibles receiving any dental services. Twelve states reported an increase of dental services by at least 10 percent and five of those states reported an increase of more than 20 percent. Of the fourteen states that reported a decrease in the provision of dental services, six states had decreases of 10 percent or more.

## Lead Screening

Lead Screening Services are the total number of screening blood lead tests furnished to eligible individuals under the age of six, under fee-for-service, prospective payment, managed care, or any other payment arrangements, based on an unduplicated paid, unpaid, or denied

<sup>6</sup> Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report. Line 12a -- Total Eligibles Receiving Any Dental Services.

claim. Follow-up blood tests performed on individuals who have been diagnosed with or are being treated for lead poisoning should not be counted.<sup>7</sup> In Table 7 the changes are reported as a percentage change.

Table 7.

<b>Lead Screening</b>	<b>Increased</b>	<b>Decreased</b>	<b>No significant change</b>
Number of states	30	22	0
Largest change (by % change)	Alaska +65%	Colorado -48%	

The majority of states reported an increase in the percentage change of lead screening services. Seventeen states reported an increase in lead screening services by more than 10 percent. Of those, 9 states reported an increase between 20 percent and 40 percent, and Connecticut and Alaska reported increases over 60 percent. Twelve states reported a decrease in lead screening of more than 10 percent. Seven of those states reported decreases between 20 percent and 40 percent. Only Colorado reported a decrease of more than 40 percent.

Similar to the data reported for Referral for Corrective Treatment, there are eleven states that had large changes in the reported number of individuals that received screening blood lead tests during the period of 2015-2019. Again, the Form does not provide information that explains why the data is so different in these states from one year to the next, but a potential explanation is that there is a difference in how the data was reported. For example, in New York, reported referrals went from approximately 27,000 and 26,000 in 2015 and 2016 to over 222,000 in 2017. It could be plausible that nine times as many children needed referrals for treatment in 2017 than the two years prior, but referrals remained over 214,000 in 2018 and 2019. It seems more likely that a major shift in reporting referrals occurred. In such instances where major shifts in the data are apparent, the years containing the questionable data were excluded from the trends analysis.<sup>8</sup> The years that are included in the trends analysis were

<sup>7</sup> Instructions for Completing Form CMS-416: Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report. Line 14a -- Total Number of Screening Blood Lead Tests.

<sup>8</sup> Alaska (2017-2019), Colorado (compared 2015 to 2019, drop in tests 2017), Connecticut (2017-2019), Delaware (2018-2019), New York (2017-2019), North Dakota (compared 2015 to 2019, drop in tests 2016-2018), Oklahoma (2016-2019), Puerto Rico (2017-2019), South Carolina (2016-2019), South Dakota (2016-2019), Tennessee (2016-2019)

decided on a state-by-state basis. Appendix B contains the full number set of Number of Screening Blood Lead Tests for the eleven states in question for the period 2015-2019.

## **Summary**

Looking at the EPSDT trends presented here as a whole, the states appear to be doing a decent job providing EPSDT services to their eligible populations. Combined, 125 out of 206 states have increased their performance in Participation Ratio, Referrals for Corrective Treatment, Dental Services, and Screening Blood Lead testing. Only when looking at the Number of Eligibles and Screening Ratio do we see a majority of states with declining numbers and percentages. The declining number of eligible individuals can be looked at two ways: either the actual number of eligible children is decreasing due to improved family circumstances and the improving overall health of children, or states are missing children that need to be enrolled into EPSDT. The declining Screening Ratio in a majority of states is troubling because it means that eligible children are not properly screened for services they are entitled to as part of the program. Additionally, the trends reported in this Fact Sheet indicate that even in those areas where the majority of states are increasing their provision of required services, there are huge disparities between the states at the top and the bottom of each list.

**Appendix A.**

<b>Reported Referrals for Corrective Treatment Data</b>			
California		Texas	
FY 2015	52,856	FY 2015	824,373
FY 2016	141,625	FY 2016	852,479
FY 2017	123,497	FY 2017	2,050,856
FY 2018	2,534,098	FY 2018	1,736,673
FY 2019	2,554,727	FY 2019	1,707,007
Delaware		West Virginia	
FY 2015	102	FY 2015	29,950
FY 2016	0	FY 2016	57,082
FY 2017	100	FY 2017	85,516
FY 2018	32,887	FY 2018	81,412
FY 2019	34,091	FY 2019	83,584
Puerto Rico		Wyoming	
FY 2015	1,515,545	FY 2015	365
FY 2016	N/A	FY 2016	405
FY 2017	96,776	FY 2017	13,275
FY 2018	91,951	FY 2018	13,606
FY 2019	141,073	FY 2019	12,751
South Carolina			
FY 2015	47,962		
FY 2016	41,863		
FY 2017	38,815		
FY 2018	213,729		
FY 2019	228,879		

**Appendix B.**

<b>Reported Screening Blood Lead Testing Data</b>			
Alaska		Oklahoma	
FY 2015	241	FY 2015	8,552
FY 2016	206	FY 2016	38,499
FY 2017	1,397	FY 2017	42,152
FY 2018	1,438	FY 2018	39,761
FY 2019	2,300	FY 2019	39,562
Colorado		Puerto Rico	
FY 2015	42,177	FY 2015	252,906
FY 2016	37,407	FY 2016	N/A
FY 2017	7,912	FY 2017	112,359

FY 2018	37,368	FY 2018	10,643
FY 2019	21,830	FY 2019	70,382
Connecticut		South Carolina	
FY 2015	8,786	FY 2015	7,028
FY 2016	11,081	FY 2016	43,760
FY 2017	23,122	FY 2017	43,573
FY 2018	21,941	FY 2018	43,160
FY 2019	37,262	FY 2019	44,150
Delaware		South Dakota	
FY 2015	798	FY 2015	879
FY 2016	643	FY 2016	3,467
FY 2017	1,428	FY 2017	3,402
FY 2018	5,315	FY 2018	3,332
FY 2019	6,563	FY 2019	3,199
New York		Tennessee	
FY 2015	27,108	FY 2015	16,383
FY 2016	25,832	FY 2016	70,684
FY 2017	222,401	FY 2017	72,824
FY 2018	216,687	FY 2018	73,892
FY 2019	214,446	FY 2019	71,176
North Dakota			
FY 2015	1,736		
FY 2016	5		
FY 2017	12		
FY 2018	0		
FY 2019	2,074		