

Seaside Health Plan Policies and Procedures	Effective Date: Note: For origination date see History at the end of Policy
SUBJECT: CHILD HEALTH AND DISABILITY PREVENTION (CHDP) / EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) PROVISIONS	Approval Signature: Barry Smith, MD Chief Medical Officer
Manual: Utilization Management Policy/Procedure # UM-255 Section: Utilization Management	Sponsor Signature: Kimberly Ward, RN Director, Utilization Management
<input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> HEALTHY FAMILIES <input checked="" type="checkbox"/> MEDI-CAL <input type="checkbox"/> MEDICARE	

AUTHORITY

Title 22, California Code of Regulations (“CCR”), Division 3, Subdivision 1, Chapter 3

POLICY

Seaside Health Plan Medi-Cal and Healthy Families participating primary care physicians (PCPs) are required to adhere to the (CHDP) Program requirements by providing early and periodic screening, diagnosis and treatment for Medi-Cal and Healthy Families members under age 21 according to CHDP Program guidelines.

Depending on specific contract terms, for members who are under 21 years of age, Seaside Health Plan are responsible for:

- Providing, arranging, or referring to EPSDT screening services (including those screening services commonly referred to as CHDP services)
- (Medi-Cal only) Providing EPSDT diagnostic or treatment services, and EPSDT supplemental services including case management and supplemental nursing services except when EPSDT supplemental services are provided as CCS services or as mental health services. Seaside determines the Medical Necessity of EPSDT supplemental services using the criteria established in Title 22, CCR, Sections 51340 and 51340.1.

EPSDT supplemental services include targeted case management services designed to assist children in gaining access to necessary medical, social, educational and other services.

- Upon federal Food and Drug Administration (FDA) approval of any vaccine for childhood immunization purposes, Seaside Health Plan develops policies and procedures for the provision and administration of the vaccine. Such policies and procedures shall be developed within 60 calendar days of the vaccine's approval date regardless of whether or not the vaccine has been incorporated into the Vaccines for Children (VFC) Program. Policies shall be in accordance with Medi-Cal fee-for-service guidelines
- Seaside Health Plan shall provide information regarding the VFC program to all network providers
- Appropriate documentation shall be entered in the Member's medical record that indicates all attempts to provide immunizations; the receipt of vaccines or proof of prior immunizations.
- If immunizations cannot be given at the time of the visit, the Member or Member's guardian must be instructed as to how to obtain necessary immunizations or a scheduled and documented appointment must be made.

DEFINITIONS

Child Health and Disability Prevention (CHDP): is a preventive well child screening program for low income children under 21 years of age. It encompasses the requirements of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and the Prenatal Guidance Program. The purpose of the CHDP Program is to prevent childhood disability by screening the health of children during critical times of growth and development and making referrals as necessary to improve their health.

PROCEDURE

I. Member Identification

- A. New members receive information regarding the importance of scheduling an initial health assessment exam in their post enrollment materials. The initial health assessment evaluates whether the member is current with required immunizations and exams, and initiates the provision of preventive health services as specified in the periodicity tables.
- B. CHDP-eligible members are also identified by the following sources:
 1. Network PCP and specialists
 2. Initial Health Assessments
 3. CPSP Referrals
 4. Member Service department
 5. Emergency Room/Urgent Care usage
 6. Case Management staff
 7. Inpatient admission data (concurrent review)
 8. Health Education department
 9. Community Relations representatives
 10. Community-based organizations
 11. School based clinics

12. Out-of-Plan provider
13. Authorization, claim and encounter (PM160INF) data

II. Appointment Availability and Referral Process

- A. CHDP Program recipients requesting an appointment with their PCP or mid-level practitioner must be scheduled for an appointment according to approved standards on appointment availability. Refer to Policy and Procedure UM-700. If the PCP cannot provide the required services within appointment standards, the PCP:
 1. Refers the member to another Seaside Health Plan provider within the facility, medical group or IPA, adhering to established referral procedures, or
 2. Contacts the Public Health Coordinator or assigned Utilization staff to arrange referral to a CHDP provider for the appropriate services and follow-up. If the member is referred to an out-of-plan provider, the PCP must furnish an appropriate referral to the provider.
- B. If a member is seen by a provider other than the PCP, a copy of the CHDP exam provided by the referred physician must be forwarded to the PCP's office for review and placed in the member's medical record.
- C. An external source (e.g., school, member or out-of-plan provider) may determine whether the member is in need of CHDP services by calling the PCP, or by contacting the Member Service department to facilitate direct phone contact with the member's PCP (the member ID card contains necessary contact information). If the member is in need of such services:
 1. An appointment with the PCP is scheduled within 10 days, or
 2. The member is referred to another in-plan, out-of-plan provider or local health department, with the PCP completing the necessary referral form.
- D. Members may contact the Member Service staff directly to seek help in scheduling their CHDP appointment.
- E. Members may self-refer to the Local Health Department ("LHD") for immunization services.

III. Transportation

- A. Seaside Health Plan authorize taxi and ambulance service when the member is significantly disabled, such that transport by ordinary means of public or private transportation is medically inappropriate and transportation is required for the purpose of obtaining needed medical care.
 1. If members do not meet the above criteria for non-emergent transportation, the PCP refers the member to the CHDP office for coordination of transportation.

IV. Consent Forms

- A. Providers must obtain the voluntary written consent of the patient or parent/guardian before performing a CHDP exam. Consent is also required for any patient's release of medical information. The CHDP Program consent form PM211 is available to providers who do not have their own Consent Form for this purpose.
- B. If the patient or parent/guardian refuses to have the exam performed, this information must be documented in the patient's medical record by using the PM171B or other Refusal of Treatment form and the county CHDP Program should be informed. The provider may contact the county CHDP office directly, or may notify the Public Health Coordinator or assigned UM staff member, who coordinates with the CHDP Program.

V. CHDP Examinations

- A. Seaside Health Plan's PCPs are responsible for providing members with the following, where appropriate for age, according to the Health Assessment and Immunization Periodicity Tables:
 - 1. Complete health and development history
 - 2. "Head-to-toe" unclothed physical examination
 - 3. Snellen vision test
 - 4. Audiometric hearing test
 - 5. Dental screening check (to include # of teeth, presence or absence of caries)
 - 6. Nutritional assessment
 - 7. Urine, blood, tuberculosis and other lab screening tests
 - 8. Immunizations
- B. Seaside Health Plan shall make reasonable attempts to contact and screen all females less than 21 years of age, who have been determined to be sexually active, for Chlamydia. All attempts shall be documented. Follow-up of positive results shall be documented in the medical record
- C. Health education appropriate to the patient's age and health status must also be provided. Health education materials may be obtained from local CHDP offices, or through the Primary Plan's Health Education department.
- D. Children with dental problems must be referred directly to a dentist for care. Children age 3 years and older must be referred to Denti-Cal provider annually for preventive dental care, even in the absence of problems. Documentation of this referral must be entered in the patient's medical record.
- E. The PCP must provide the member or parent/guardian with a copy of the PM160INF and must provide an explanation of the exam results in terms of diagnosis and necessary treatments.
- F. Seaside Health Plan shall provide preventive health visits for all Members under twenty-one (21) years of age at times specified by the most recent AAP

periodicity schedule. This schedule requires more frequent visits than does the periodicity schedule of the CHDP program. Seaside Health Plan shall provide, as part of the periodic preventive visit, all age specific assessments and services required by the CHDP program and the age specific health education behavioral assessment as necessary.

- G. Where the AAP periodicity exam schedule is more frequent than the CHDP periodicity examination schedule, Seaside Health Plan shall ensure that the AAP scheduled assessment includes all assessment components required by the CHDP for the lower age nearest to the current age of the child.
- H. Where a request is made for children's preventive services by the Member, the Member's parent(s) or guardian or through a referral from the local CHDP program, an appointment shall be made for the Member to be examined within two weeks of the request.
- I. At each non-emergency Primary Care encounter with Members under the age of twenty-one (21) years, the Member (if an emancipated minor) or the parent(s) or guardian of the Member shall be advised of the children's preventive services due and available from Seaside Health Plan, if the Member has not received children's preventive services in accordance with CHDP preventive standards for children of the Members' age. Documentation shall be entered in the Member's medical Record which shall indicate the receipt of children's preventive services in accordance with the CHDP standards or proof of voluntary refusal of these services in the form of a signed statement by the Member (if an emancipated minor) or the parent(s) or guardian of the Member. If the responsible party refuses to sign this statement, the refusal shall be noted in the Member's Medical record.
- J. The Confidential Screening/billing Report form, PM 160-PHP, shall be used to report all children's preventive services Encounters. The Seaside Health Plan shall submit completed forms to the Primary Plan and to the local children's preventive services program (local regional CHDP office) within thirty (30) calendar days of the end of each month for all encounters during that month.

VI. Immunizations

- A. Seaside ensures that all children receive necessary immunizations at the time of any health care visit. Seaside covers and ensure the timely provision of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by the Advisory Committee on Immunization Practices (ACIP).
- B. Documented attempts that demonstrate Seaside or PCP's unsuccessful efforts to provide the immunization is considered sufficient in meeting this requirement.
- C. If immunizations cannot be given at the time of the visit, the members are instructed by PCP as to how to obtain necessary immunizations or a scheduled and documented appointment must be made.

- D. Appropriate documentation are entered in the Member's medical record that indicates all attempts to provide immunizations; the receipt of vaccines or proof of prior immunizations; or proof of voluntary refusal of vaccines in the form of a signed statement by the Member (if an emancipated minor) or the parent(s) or guardian of the Member. If the responsible party refuses to sign this statement, the refusal is noted in the Member's Medical Record.
- E. Seaside ensures that its providers adhere to all current regulations for Children's Vaccine Storage

VII. Blood Lead Screens

- A. Seaside covers and ensure the provision of a blood lead screening test to Members at ages one (1) and two (2) in accordance with Title 17, Division 1, Chapter 9, Articles 1 and 2, commencing with section 37000. Seaside documents and appropriately follow-up in blood lead screening test results.
- B. Seaside or the PCP makes reasonable attempts to ensure the blood lead screen test is provided and shall document attempts to provide test. If the blood lead screen test is refused by the member, proof of voluntary refusal of the test in the form of a signed statement by the Member (if an emancipated minor) or the Parent(s) or guardian of the Member shall be documented in the Member's Medical Record. If the responsible party refuses to sign this statement, the refusal shall be noted in the Member's Medical Record. Documented attempts that demonstrate unsuccessful efforts to provide the blood lead screen test shall be considered evidence in meeting this requirement

VIII. Continuity and Coordination of Care

- A. The PCP is responsible for supervision and coordination of the member's medical care. If the PCP identifies a condition which requires follow-up or referral to specialty care, he/she must follow established procedures to arrange and monitor all medically appropriate services. Referral may be but not limited to Specialty services, California Children's Services (CCS), Regional Center, Early Start, County Mental Health, and Women, Infants and Children Program (WIC) if the need for these services are identified during the CHDP exam.
 - 1. Members who may be eligible to receive services from the Early Start Program and includes children who are identified with a condition known to lead to developmental delay, those in whom a significant developmental delay is suspected, or whose early health history places them at risk for delay.
- B. Seaside Health Plan ensures the overall coordination of care and case management of members who obtain CHDP service through the local school districts or school sites.
- C. Continuity of care is demonstrated by the organization's ability to coordinate and complete the plan of care for an individual patient. Indicators used to measure continuity of care include:

1. Follow-up of missed appointments
2. Retrieval, review and filing of consultation reports and test results
3. Adequate documentation of clinical problems
4. Documentation of care coordination

D. Information regarding CHDP-eligible members who disenroll from the Plan is provided to the local CHDP office to assist in coordinating the transition of services.

IX. Provider Reporting Requirements

A. Providers who deliver care to potential CHDP-eligible members must complete a PM160INF as specified in the CHDP Provider manual. Incomplete forms are returned to the provider for completion. The PM160INF contains 4 copies which are distributed as follows:

1. White - Filed in the member's medical record
2. Pink - Given to the member or member's parent/guardian
3. Yellow - Forwarded to the local CHDP office
4. Green/White - Forwarded to contracted health plan

X. Quality Monitoring

A. CHDP Provider List

1. Provider CHDP status is verified by reviewing the following:

- a. Los Angeles County Providers are researched using the Los Angeles Public Health web site <http://www.lapublichealth.org>. Once a provider is identified the provider record is flagged in the system in the Provider Directory database.
- b. Providers are also contacted via phone or mail to request a copy of the County Family Health Community Programs Notification of Approval to the CHDP program. Once a provider is identified the provider record is flagged in the system in the Provider Directory database.

B. PM160INF data is used for analysis and tracking of CHDP services. Monthly reports are generated to track utilization of services, referrals to specialists and out-of-plan providers and timeliness of exams in accordance with the CHDP periodicity tables. Summary reports are provided to Seaside Health Plans Quality Council.

C. Retrospective review is accomplished through periodic chart audits with review including, but not limited to, the following:

1. Appropriate verification of member and provider eligibility
2. Appointment availability and patient waiting times
3. Immunization status
4. Timeliness, appropriateness and follow-up of referrals

5. Identification of quality issues

- D. Audit results are recorded for trending analysis to identify non-compliance among specific providers, and/or service areas. In addition to specific corrective actions which address deficiencies identified throughout the audits, improvements in departmental processes are undertaken based on trend analysis of audit results.
- E. Encounter data is analyzed according to established benchmarks to evaluate possible over and under-utilization.

History: New

Origination Date: May 17, 2013