



**carolina
complete health™**

Annual Provider Training

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- From Medicaid.gov:
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.
- Early: Assessing and identifying problems early
- Periodic: Checking children's health at periodic, age-appropriate intervals
- Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and
- Treatment: Control, correct or reduce health problems found

EPSDT

- Carolina Complete Health (CCH) uses integrated methods to promote EPSDT to all beneficiaries and providers in an effort to remain compliant with State and Federal requirements.
- Our performance improvement team will analyze our EPSDT performance and develop targeted, data-driven improvement recommendations.
- CCH will have: data and technology to support outreach, tracking and evaluation; comprehensive beneficiary education, outreach, and reminders; provider requirements and education; support and interventions to assist provider in ensuring all assigned beneficiaries receive needed EPSDT services in a timely manner; regular evaluation of program performance and addressing of improvement opportunities.
- If after an EPSDT screen, a provider suspects developmental delay and is aware that the child is not yet receiving services, the provider should refer the child for Early Intervention Program services.
- Perform EPSDT screenings at every opportunity such as during a sports physical or sick visit.
- Through our Provider Portal providers can access EPSDT care gap alerts when a child is not current with the EPSDT periodicity schedule or has other gaps in care.

EPSDT: Covered Services

- CCH will cover all services, products, or procedures for a Medicaid member under the age of 21 if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination.
- CCH will cover regular wellness visits to all children enrolled in Medicaid under the age of 21 to allow health care providers to carefully monitor a child's overall health and development and to identify and address health concerns as early as possible.
- CCH will determine whether a service is medically necessary on a case by case basis, taking into account the medical necessity criteria specific to EPSDT defined in 42 U.S.C. § 1396d(r) and 42 C.F.R. §§ 441.50-62 and the particular needs of the child.
- CCH will cover all appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices.
- CCH will cover all laboratory tests (including blood lead screening) appropriate for age and risk factors.
- CCH will provide scheduling and transportation assistance for EPSDT services upon member request
 - In order to request transportation services, members should follow the instructions outlined in the non-emergency transportation section of the Member Handbook.

EPSDT: Provider Responsibilities

- All in-network primary care providers to perform, during preventive service visits and as necessary at any visit, oral health assessments, evaluations, prophylaxis and oral hygiene counseling for children under twenty-one (21) years of age in accordance with the Department's Oral Health Periodicity Schedule.
- All in-network primary care providers to refer infant Medicaid members to a dentist or a dental professional working under the supervision of a dentist at age one (1), per requirements of the Department's Oral Health Periodicity Schedule. Note that services provided by a dentist are carved out of Medicaid Managed Care and should be billed to the Medicaid Fee-for-Service program.
- All primary care providers to include the following components in each medical screening:
 - a. Routine physical examinations as recommended and updated by the American Academy of Pediatrics (AAP) "Guidelines for Health Supervision III" and described in "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents".
 - 1. Screening for developmental delay at each visit through the 5th year; and
 - 2. Screening for autism spectrum disorders per AAP guidelines.
 - b. Comprehensive, unclothed physical examination.
 - c. All appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices.
 - d. Laboratory testing (including blood lead screening appropriate for age and risk factors).
 - e. Health education and anticipatory guidance for both the child and caregiver.
- Behavioral Health providers are to coordinate with primary care providers and specialists conducting EPSDT screenings.

EPSDT: Performance Improvement

- Carolina Complete Health (CCH) uses integrated methods to promote EPSDT to all beneficiaries and providers in an effort to remain compliant with State and Federal requirements.
- Our Performance Improvement Team will analyze our EPSDT performance and develop targeted, data-driven improvement recommendations.
- CCH will have: Data and technology to support outreach, tracking and evaluation; Comprehensive beneficiary education, outreach, and reminders; Provider requirements and education; Support and interventions to assist provider in ensuring all assigned beneficiaries receive needed EPSDT services in a timely manner; and, Regular evaluation of program performance and addressing of improvement opportunities.

EPSDT: Member Outreach

- Written and oral educational materials describing the EPSDT benefit will include:
 - a. New Member Welcome Packet
 - b. EPSDT Brochure including medical necessity review
 - c. Member handbook
 - d. Member newsletter
 - e. Plan web-site
 - f. Member services on-hold message
 - g. Community events
 - h. Start Smart mailings
 - i. Newborn packet mailings (may include incentive program for EPSDT visits)
- Targeted member education
 - a. CCH will outreach monthly to members who are due or overdue for an EPSDT screening service through:
 - i. Past-due reminder postcards
 - ii. Auto-dialer reminder calls
 - iii. EPSDT coordinator/connections staff telephonic past due reminder calls to provide education and counseling with regard to member compliance with prescribed treatment and EPDST appointments
 - iv. Potential Connections home visit (if unable to reach through mail or phone)
 - v. Potential referral to case management for continued non-compliance with EPSDT services on a case by case basis as indicated

EPSDT – AAP/Bright Futures

- Bright Futures is an initiative led by the American Academy of Pediatrics designed to promote health and disease prevention.
- Bright Futures provides evidence-based guidelines for preventive care screenings and well-child visits.
- Providers are required to adhere to the Bright Futures/AAP Periodicity Schedule for preventive, pediatric healthcare. The Periodicity Schedule is available at www.aap.org

AAP/Bright Futures Periodicity Schedule



Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (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).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2019 by the American Academy of Pediatrics, updated March 2019. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

AGE	Prenatal	Newborn	3-5 d	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																																
Initial/Interval	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MEASUREMENTS																																
Length/Height and Weight		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Head Circumference		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Weight for Length		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Body Mass Index		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Blood Pressure		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
SENSORY SCREENING																																
Vision		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Hearing		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Autism Spectrum Disorder Screening		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Developmental Surveillance		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Psychosocial/Behavioral Assessment		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Tobacco, Alcohol, or Drug Use Assessment		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Depression Screening		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Maternal Depression Screening		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
PHYSICAL EXAMINATION																																
PROCEDURES																																
Newborn Blood		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Newborn Bilirubin		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Critical Congenital Heart Defect		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Immunization		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Anemia		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Lead		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Tuberculosis		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Sexually Transmitted Infections		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
HIV		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Cervical Dysplasia		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ORAL HEALTH																																
Fluoride Varnish		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Fluoride Supplementation		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
ANTICIPATORY GUIDANCE		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<http://pediatrics.aappublications.org/content/124/4/1227.full>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/5/e827.full>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/125/2/405.full>).
- Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).

- Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<http://pediatrics.aappublications.org/content/140/3/e20171904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months. In addition to the well visits at 1 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/e20151359>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<http://pediatrics.aappublications.org/content/137/1/e20151359>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.aappublications.org/content/120/4/998.full>).
- Verify results as soon as possible, and follow up, as appropriate.
- Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High-Frequency" ([http://www.johonline.org/article/S1054-1392\(16\)00046-3/fulltext](http://www.johonline.org/article/S1054-1392(16)00046-3/fulltext)).
- See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/118/1/805.full>).

- Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (<http://pediatrics.aappublications.org/content/120/5/1183.full>).
- This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<http://pediatrics.aappublications.org/content/118/2/2084>) and "Poverty and Child Health in the United States" (<http://pediatrics.aappublications.org/content/137/4/e20160339>).
- A recommended assessment tool is available at <http://www.cesae.boston.org/CRAFT/index.php>.
- Recommended screening using the Patient Health Questionnaire (PHQ-2) or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/sap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
- Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice" (<http://pediatrics.aappublications.org/content/136/5/1032>).
- At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://pediatrics.aappublications.org/content/127/5/901.full>).
- These may be modified, depending on entry point into schedule and individual need.

(continued)

KEY: * = to be performed * = risk assessment to be performed with appropriate action to follow, if positive ← = range during which a service may be provided

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EPSDT Medical Necessity

- Federal criteria for the EPSDT medical necessity require the review of the following questions:
 - Is the request for a service, product, or treatment that is medical in nature?
 - Is the requested item included in categories at §1905(a) of the Social Security Act?
 - Is the request for an experimental, investigational service, product, or treatment?
 - Is it generally recognized as an accepted method of medical practice or treatment?
 - Is it safe?
 - Is it effective (evidence-based care)?
 - Is it the least costly of equally effective treatments?

CCH Medical Management can help with questions with medical necessity 833-552-3876

EPSDT Reimbursement

- Providers may need to provide evidence of the following in order to ensure proper reimbursement:
 - Current clinical assessment of the member
 - Relevant reports/test results from specialists
 - Documentation on the nature of the requested service as the standard of care for the diagnosed condition
 - Citation of evidence supporting the effectiveness of the requested service
- **Questions – contact your Provider Engagement Coordinator!**

Into the Mouths of Babes (IMB)

- CCH supports the IMB program which trains medical providers to deliver preventive oral health services to young children insured by NC Medicaid
- Services are provided from the time of tooth eruption until age 3 ½ (42 months)
- Oral Preventive Procedures consist of 3 parts: Oral Evaluation and Risk Assessment; Counseling with Primary Care Givers; Application of Topical Varnish
- Medicaid-insured children may have the procedure a maximum of six times from tooth eruption until age 42 months
- Procedure is recommended every 3-6 months—minimally a 60-day time interval between procedures
- NC Oral Health Section offers a 1-hour professional and staff training session on IMB in which CME credit is awarded. Contact Kelly Close at 919-707-5485
- Dentists and medical professionals may both provide preventive oral health services and receive Medicaid payment

Quality Measures Impacting EPSDT

Advanced Medical Home Quality Measures

Figure 3. AMH Quality Metrics for Calendar Year 2022

Calendar Year 2022 AMH Measure Set	
★	Child and Adolescent Well-Care Visit
★	Childhood Immunization Status (Combination 10)
★	Immunization for Adolescents (Combination 2)
	• Screening for Depression and Follow-up Plan
★	Well-Child Visits in the First 30 Months of Life ¹⁸
	• Cervical Cancer Screening
	• Chlamydia Screening in Women
	• Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
	• Controlling High Blood Pressure
	• Plan All-Cause Readmission – Observed to Expected Ratio

[AMH Provider Manual](#)

Child and Adolescent Well-Care Visits (WCV)

Cliff Measure: Yes

Preventative Care

Data Source	Description	Measure Guide
HEDIS administrative	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP	Higher is better

Calculation	Eligible Population	Exclusions
<p>Members 3–21 years old who had at least one comprehensive well-care visit with a PCP</p> <p>— $\times 100$</p> <p>Members 3–21 years old as of December 31 of the measurement year</p>	Members 3–21 years of age as of December 31 of the measurement year	Members in hospice

Relevant Data Timeframes	External Resources
Measurement Year (MY)	HEDIS MY 2021-Technical Specifications for Health Plans

Child and Adolescent Well-Care Visits (WCV)

CPT	HCPC	ICD-10
99382 - 99385, 99391 - 99395	G0438, G0439, S0302	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

*Codes subject to change

Childhood Immunization Status (Combo 10) (CIS)

Cliff Measure: Yes

Preventive Care

Data Collection	Description	Measure Guide
HEDIS Hybrid	Percentage of children two years of age who have had the required vaccines	Higher is better
Calculation	Eligible Population	Exclusions
$\frac{\text{Children who have had all required vaccines (or illness) by their 2}^{\text{nd}} \text{ birthday}}{\text{Children who turn two years of age during the measurement year}} \times 100$	Children who turn two years of age during the measurement year	<ul style="list-style-type: none"> Members in hospice Contraindications for vaccination (for example anaphylactic reaction to the vaccine or its components)
Relevant Data Timeframes	External Resources	
Birth to 2nd Birthday	HEDIS MY 2021-Technical Specifications for Health Plans	

Immunizations Required by Age 2 (Source: CDC)

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	HepB	HepB	HepB			HepB						
Rotavirus ²			RV	RV	RV ²							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	see footnote ³	DTaP					DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴	Hib						
Pneumococcal ⁵			PCV	PCV	PCV	PCV					PPSV	
Inactivated Poliovirus ⁶			IPV	IPV		IPV						IPV
Influenza ⁷						Influenza (Yearly)						
Measles, Mumps, Rubella ⁸						MMR		see footnote ⁸				MMR
Varicella ⁹						Varicella		see footnote ⁹				Varicella
Hepatitis A ¹⁰						HepA (2 doses)					HepA Series	
Meningococcal ¹¹											MCV	



Range of recommended ages for all children except certain high-risk groups



Range of recommended ages for certain high-risk groups

Immunizations Required by Age 2 (Source: CDC)

DESCRIPTION	CODES
DTaP (4 dose)	CPT: 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120
HIB (3 dose)	CPT: 90644, 90647, 90648, 90698, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148
Newborn Hep B (3 dose)	CPT: 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110 HCPCS: G0010 ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV (3 dose)	CPT: 90698, 90713, 90723 CVX: 10, 89, 110, 120
MMR (1 dose)	CPT: 90704 - 90708, 90710 CVX: 05, 03, 94, 04, 07, 06 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4 dose)	CPT: 90670 CVX: 133, 152 HCPCS: G0009

Immunizations Required by Age 2 (Source: CDC) – cont'd

DESCRIPTION	CODES
Varicella VZV (1 dose)	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Hep A (1 dose)	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Influenza Flu (2 dose) LAIV vaccination must be administered on the child's 2nd birthday	CPT: 90655, 90657, 90660, 90661, 90672, 90673, 90685 - 90689 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 111, 149 HCPCS: G0008
Rotavirus (2 Dose)	CPT: 90681 CVX: 119
Rotavirus (3 Dose)	CPT: 90680 CVX: 116, 122

NOTE: Codes subject to change

NOTE: Rotavirus is either 2 dose OR 3 dose for compliancy

Immunizations for Adolescents (Combo 2) (IMA)

Cliff Measure: Yes

Preventive Care

Data Collection	Description	Measure Guide
HEDIS Hybrid	Percentage of adolescents 13 years of age who completed immunizations (MCV, Tdap, HPV) on or before member's 13th birthday	Higher is better

Calculation	Eligible Population	Exclusions
$\frac{\text{Adolescents who have had MCV, Tdap and HPV vaccines by their 13}^{\text{th}} \text{ birthday}}{\text{Adolescents who turn 13 years of age during the measurement year}} \times 100$	Adolescents who turn 13 during the measurement year	<ul style="list-style-type: none"> Members in hospice Contraindication for a specific vaccine (for example anaphylactic reaction to the vaccine or its components)

Relevant Data Timeframes	External Resources
9 th to 13 th Birthday Lifetime for contraindications	HEDIS MY 2021-Technical Specifications for Health Plans

Immunizations Required for IMA Combo2

Vaccine	Age	CODES
1 Meningococcal Vaccine	On or Between 11 th and 13 th Birthdays	CPT: 90619, 90734 CVX: 108, 114, 136, 147, 167, 203
1 Tdap	On or Between 10 th and 13 th birthdays	CPT: 90715 CVX: 115
2 HPV	On or between 9 th and 13 th Birthdays	CPT: 90649 - 90651 CVX: 62, 118, 137, 165

*Codes subject to change

Childhood Immunizations: Potential Interventions

- Offer drive-through vaccination clinics
- Provide handouts for parents in clinics/practices
- Mail post card reminders to families
- Use EMR for automated text/email outreach
- Implement a well child/immunization promotion monthly with gift card drawing
 - Partner with PHPs and NC DHHS to
 - Promote preventive care in conjunction with child care centers and faith based groups
 - Public service announcements and state agency funded events
 - PHP initiated care alerts via text messaging, emails, live outbound calls or Integrated Voice Response (IVR) messaging

Childhood Immunizations: Suggested Practical Strategies for Improvement

- Target disparate populations by generating a list from Electronic Health Record (EHR) systems (Ex: families in rural areas and/or those with transportation issues)
- Document in the EHR and NC Immunization Registry if immunizations were received elsewhere
- Develop a workflow document to determine if immunizations were received elsewhere
- Use standing orders to empower nurses or other qualified health care professionals to administer vaccines (see www.immunize.org/catg.d/p3067.pdf) • Use already developed handouts for parents related to importance of vaccines (www.immunize.org/catg.d/p4314.pdf)
- Partner with local Health Departments and PHPs to ensure communication/coordination flow
- Utilize NCCARE360 to streamline information for community connections
- Partner with school systems to advertise immunization clinics/dates being provided
- Run kid-friendly videos in well child clinics on importance of vaccinations

Well-Child Visits in The First 30 Months of Life (W30): Well-Child Visits in the First 15 Months

Cliff Measure: Yes

Preventative Care

Data Source	Description	Measure Guide
HEDIS Admin	The number of children who had 6 or more well-visits with a PCP in the first 15 months of life	Higher is better
Calculation	Eligible Population	Exclusions
<p>Children who had 6+ well-child visits in the first 15 months of life</p> <hr/> <p>Children who turned 15 months old during the measurement year</p> <p>✕ 100</p>	Children who turned 15 months old during the measurement year	Members in hospice care
Relevant Data Timeframes	External Resources	
Birth to 15 Months	HEDIS MY 2021-Technical Specifications for Health Plans	

Well-Child Visits in The First 30 Months of Life (W30): Well-Child Visits for Age 15 Months–30 Months

Cliff Measure: Yes

Preventative Care

Data Source	Description	Measure Guide
HEDIS Admin	The number of children who had 2 or more well-visits with a PCP between 15 months and 30 months of life	Higher is better
Calculation	Eligible Population	Exclusions
$\frac{\text{Children who had 2+ well-child visits between 15 and 30 months}}{\text{Children who turned 30 months old during the MY}} \times 100$	Children who turned 30 months old during the measurement year	Members in hospice care
Relevant Data Timeframes	External Resources	
15 Months to 30 Months	HEDIS MY 2021-Technical Specifications for Health Plans	

Well-Child Visits in The First 30 Months of Life (W30):

CPT	HCPC	ICD-10
99381, 99382, 99391, 99392, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

*Codes subject to change

Portal Functionality: Provider Analytics

Provider Analytics

To view Provider Analytics

1. Click **Provider Analytics**
2. **Agree** to HIPAA terms

The screenshot displays the Carolina Complete Health provider dashboard. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a header section allows users to view the dashboard for a specific TIN and Plan Type (Carolina Complete Health). A red box highlights a 'Revised Medical Claims Payment Schedule' announcement. A 'Welcome' sidebar on the right contains a menu with options: Add a TIN to My ACCOUNT, Manage Accounts, Reports, Patient Analytics, and Provider Analytics. A red circle with the number '1' points to the 'Provider Analytics' link. Below the sidebar, there is a 'Quick Eligibility Check for Carolina Complete Health' section with input fields for Member ID or Last Name and Birthdate, and a 'Check Eligibility' button. A red circle with the number '2' points to the 'Check Eligibility' button. A modal dialog box is overlaid on the bottom half of the screen, titled 'Quick Eligibility Check for Carolina Complete Health'. It contains a text block stating: 'Provider agrees that all health information, including that related to patient conditions, medical utilization and pharmacy utilization, available through the portal or any other means, will be used exclusively for patient care and other related purposes as permitted by the HIPAA Privacy Rule'. At the bottom of the modal are two buttons: 'Agree to Terms' (green) and 'Cancel' (red).

P4P and Quality Reporting

The screenshot shows the 'Provider Analytics' dashboard. At the top, there's a header with the title and a bell icon. Below the header, there's a 'Resources' section with links to 'Case Study Support Resource', 'FAQ', and 'Tool Navigation Guide'. The main content area is divided into three columns. The left column is titled 'Supplemental Reports' and contains a table with four rows: 'COVID-19 Detail' (12-06-2021), 'Daily IP & Discharge' (No Report), 'Weekly Med Claims' (12-05-2021), and 'Weekly Rx Claims' (12-05-2021). The middle column is titled 'P4P and Quality Reporting' and contains a link to 'Quality'. The right column is titled 'Dashboards' and contains a message: 'No data returned for this view. This might be because the applied filter excludes all data.' A pink callout line points from the 'Quality' link in the middle column to the text on the right.

Supplemental Reports	
COVID-19 Detail	12-06-2021
Daily IP & Discharge	No Report ...
Weekly Med Claims	12-05-2021 ...
Weekly Rx Claims	12-05-2021 ...

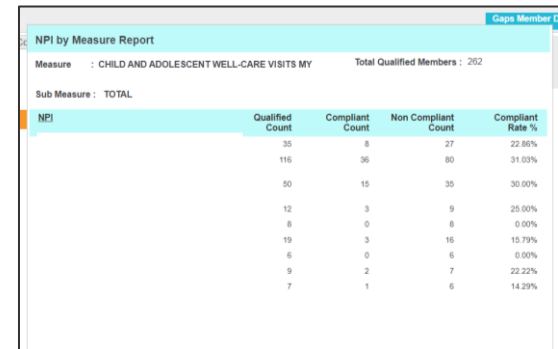
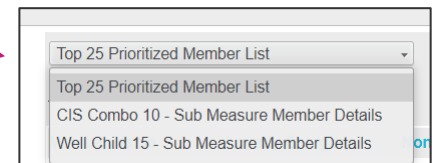
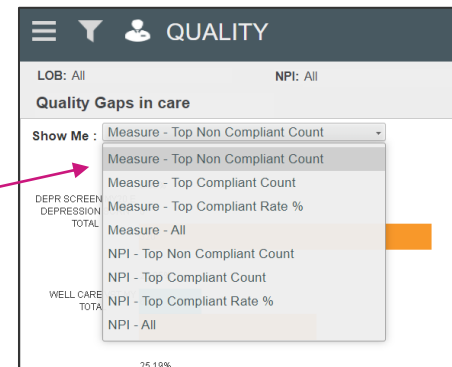
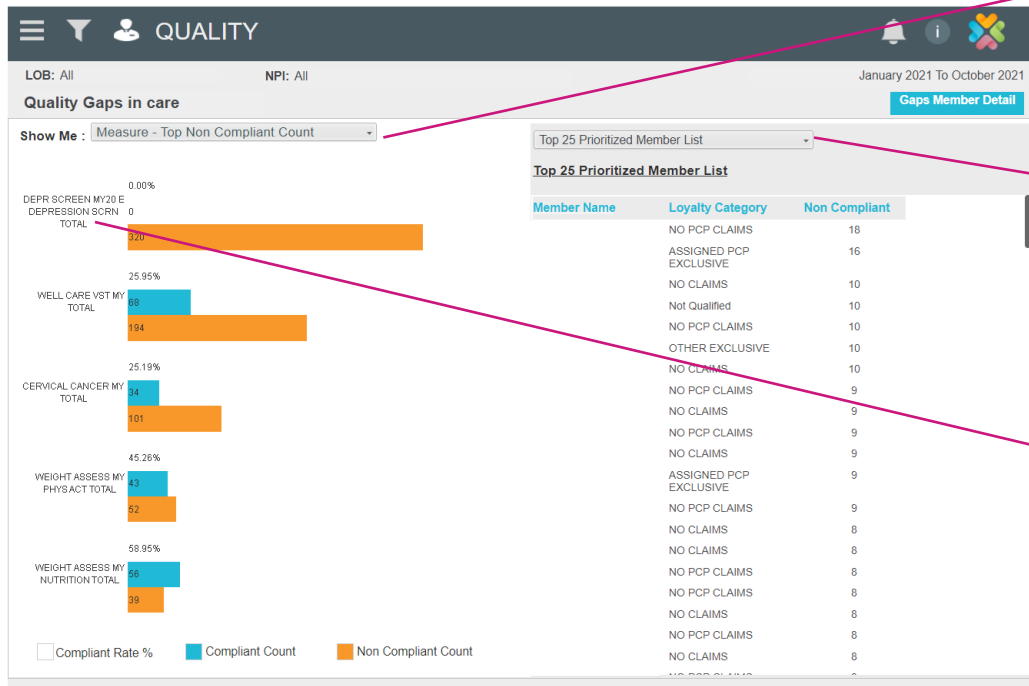
P4P and Quality Reporting
[Quality](#)

Dashboards
No data returned for this view. This might be because the applied filter excludes all data.

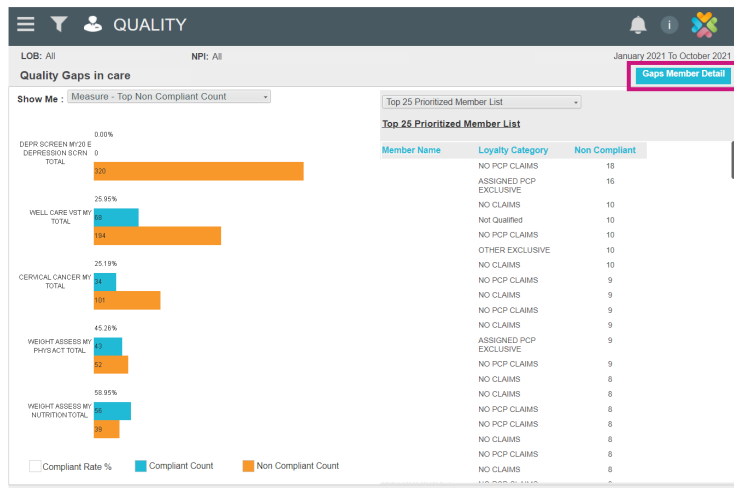
Reference Materials
[Data Dictionary](#)

Quality: All AMHs have Quality care gap and measure report available that includes all priority measures.

Quality Measures



Quality Gaps- Member Detail



Member Detail

Year	LOB	NPI	Measure	Sub Measure	Compliant (Y/N)	Loyalty Category
All 2020	All MARKETPLACE		All ADULTS ACCESS MY ANTIDEPRESS RX MY APP TREAT URI MY BREAST CANCER MY CERVICAL CANCER MY CHILDHOOD IMM MY CHLAMYDIA SCRN MY COMP DIAB N MCR MY	All ADULTS ACCESS MY - TOTAL ANTIDEPRESS RX MY - ACUTE PHASE ANTIDEPRESS RX MY - CONTINUATION PHASE APP TREAT URI MY - TOTAL BREAST CANCER MY - NON-MCR TOTAL CERVICAL CANCER MY - TOTAL CHILDHOOD IMM MY - COMBO 10 CHILDHOOD IMM MY - COMBO 2 CHILDHOOD IMM MY - COMBO 3	All N Y	All ASSIGNED PCP EXCLUSIVE MULTIPLE PCP WITH ASSIGN NO CLAIMS NO PCP CLAIMS NOT QUALIFIED OTHER EXCLUSIVE

All Member Detail Datasets


Click drop down menu to export

TIN	NPI	NPI Name	Measure	Sub Measure	Ambetter id	Medicaid id	Medicare id	Line of Business
			CSPMYS CONTROLLING HIGH BLOOD PRESSURE NON-MEDICARE MY	TOTAL				MEDICAID
			DSFMYE DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS MY 2020 ECDS	DEPRESSION SCREENING TOTAL				MEDICAID
			W30MY WELL CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE	WELL CHILD VISITS FOR AGES 15-30 MONTHS				MEDICAID
			WCVMY CHILD AND ADOLESCENT WELL-CARE VISITS MY	TOTAL				MEDICAID
			CCSMY CERVICAL CANCER SCREENING MY	TOTAL				MEDICAID
			DSFMYE DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS MY 2020 ECDS	DEPRESSION SCREENING TOTAL				MEDICAID


Export to PDF Export to Excel


Additional Resources

CCH – Provider Tools



Quick Reference Guide HEDIS® MY 2021



 For more information, visit www.ncqa.org

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Preventive Health Counseling and Education
Ages 3-17

Member ID: _____
 Member Name: _____
 Date of Service: _____ Member DOB: _____

during the office visit, the following topics were discussed with: (check all that apply.)
☐ Member ☐ Parent/guardian

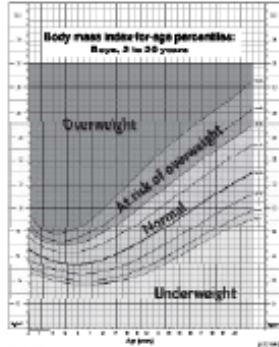
Check all that apply and document discussion with patient. Documentation must include a note indicating the date and at least one of the following:

BMI (Body Mass Index Percentiles – ages younger than 20 years) ☐ ASSESSMENT ☐ COUNSELING ☐ EDUCATION

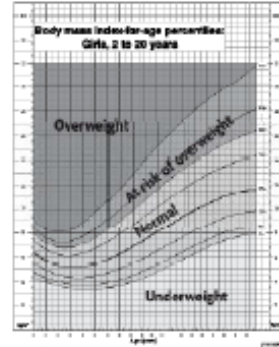
☐ BMI percentile: _____ (USE CODES Z68.51-Z68.54) Weight: _____ Weight: _____

☐ BMI percentile plotted on age/growth chart (Please complete the age/growth chart below and include in the member's chart.)

CDC GROWTH CHARTS: United States




CDC GROWTH CHARTS: United States



Signature: _____ Completed by (Name): _____
 Date: _____ ☐ MD ☐ DO ☐ PA ☐ NP

REMINDER:
 Please Complete BMI Percentile Chart.
 Keep This Document in Patient's Medical Record.

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Carolina Complete Health 

carolinacompletehealth.com

Provider-facing guides available at: <http://www.network.carolinacompletehealth.com/HEDIS>

Additional Resources

- NC DHHS Provider Resources
<https://www.ncdhhs.gov/providers/provider-info/mental-health-development-disabilities-and-substance-abuse-services/early-periodic-screening-diagnostic-and-treatment-medicaid-services-children>
- Centers for Disease Control and Prevention Advisory Committee on Immunization Practices immunization schedules
<https://www.cdc.gov/vaccines/acip/index.html>
- American Academy of Pediatrics (AAP) periodicity schedule
<https://brightfutures.aap.org/.clinical-practice/Pages/default.aspx>
- American Academy of Pediatric Dentistry (AAPD)
<https://www.aapd.org/>