

## **CARE COORDINATION/CASE MANAGEMENT (CC/CM)**

### **Program Introduction**

AlohaCare has a Care Coordination Department that is comprised of a Health Promotion Program, Case Management Program, Disease Management Program, Medication Therapy Management Program, and an EPSDT Program.

### **Health Promotion Program**

AlohaCare's Health Promotion activities range from outreach calls to members, educational and informative mail-outs and postings on the webpage, calls to PCPs and specialists to coordinate care, and calls to parents to educate them about and remind them of well child visits. Adult members are reminded of the importance of maintaining yearly cancer screening appointments, pregnant women are reminded of the importance of maintaining their OB/GYN appointments, and new mothers are reminded of the importance of continuing their own care as well as their baby's care. In some cases, the staff will actually schedule appointments for members in order to foster their compliance with best practices. In other cases, PCPs are notified of mothers who are not being compliant with their own pre or post natal appointments or parent(s) not compliant with their child's well child visits, with the expectation that your office will also reach out to these patients.

Another important function of the Health Promotion Outreach Specialists at AlohaCare is to contact all new members to determine if they have a special health care need. One mail out, followed by two phone attempts are completed to try to accomplish this screening.

Individuals with Special Health Care Needs (SHCN) are defined by a federal mandate called the Balanced Budget Act of 1997. The State of Hawaii Med-QUEST Division requires AlohaCare to provide an assessment to individuals with Special Health Care Needs, and, as appropriate, provide these members with case management.

Upon enrollment, AlohaCare is required to identify the Special Health Care Needs of all newly enrolled plan members or previous AlohaCare members returning to the plan after disenrollment for a period of 60 days or more. Members will be sent a special health care needs screening tool as part of the new member information packet. Members are asked to complete & return the form to AlohaCare (postage-paid return envelope is included). Members who do not complete the form receive follow-up calls to complete the screening tool telephonically. If AlohaCare determines that the member has a Special Health Care Need, the following shall apply:

- Individuals with SHCNs must have access to providers who are experienced in delivering the appropriate care and are available and physically accessible. If an appropriate AlohaCare network provider is not available, AlohaCare shall allow the member to see an out-of-network provider. In addition, AlohaCare shall permit either a standing referral or an adequate number of direct access visits to a specialist(s) as determined by the member's PCP, and consider the use of specialists as a primary care provider in certain circumstances.
- Coordinate care with other Medicaid agencies and community organizations in order to prevent duplication of benefits and services (e.g., Early Intervention Program, Department of Health-Child and Adolescent Mental Health Division, Community Care Services, etc.)
- In coordinating care, AlohaCare is responsible to ensure that the member's privacy is protected in accordance with the privacy requirement of applicable State and Federal law, to the extent that these laws are applicable.
- Assess these individuals within 30 days of identification to determine if case management is necessary.

The criteria to determine which individuals have Special Health Care Needs is delineated by member age and presenting symptoms as indicated below.

- **Adults with special health care needs** are those individuals 21 years of age and older who have chronic physical or behavioral conditions that require health-related services of a type or amount beyond that required by adults generally. AlohaCare identifies and assesses the following groups of adults with special health care needs:
  - Individuals with conditions such as asthma, diabetes, hypertension, chronic obstructive lung disease, and high risk pregnancy.
  - Individuals whose use of prescription medications includes atypical antipsychotics, or the chronic use of opioids, the chronic use of polypharmacy, or other chronic usage of specific drugs that exceeds the usage of other adults in the health plan based on thresholds established by AlohaCare.
  - Individuals whose utilization of emergency room services is beyond that generally used by other adults in the health plan for the treatment of chronic medical conditions such as asthma and diabetes.
  - Individuals who use or need speech therapy, occupational therapy, and/or physical therapy for chronic medical conditions that exceed the utilization of other adults in the health plan.
- **Children with Special Health Care Needs** are children under 21 years of age who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. AlohaCare identifies and assesses the following groups of children with special health care needs:
  - Children with conditions such as asthma, diabetes, hypertension, chronic obstructive lung disease, or high risk pregnancy.
  - Children who take medication for any behavioral/medical condition that has lasted or is expected to last at least 12 months (excluding vitamins and fluoride).
  - Children who are limited in their ability to do things that most children of the same age can do because of a serious medical/behavioral health condition that has lasted or is expected to last at least 12 months.
  - Children who need or receive speech therapy, occupational therapy, and/or physical therapy for a medical condition that has lasted or is expected to last at least 12 months.
  - Children who need or receive treatment or counseling for an emotional, developmental, or behavioral problem that has lasted or is expected to last at least 12 months.

Providers who have identified AlohaCare members with Special Health Care Needs should either complete and fax the COMPASS Referral form to AlohaCare Case Management at (808) 973-6382 (Oahu) or 1-808-973-6392 (Neighbor Islands) or call the AlohaCare Customer Service number and ask for the Case Management Department at: (808) 973-1650 (Oahu) or toll free at 1-800-434-1002.

**See Forms/Tables/Lists section of this manual for Children with Special Health Care Needs (CSHCN) Screener (Section 14, page 61-62), AlohaCare Adults with Special Health Care Needs Screening Tool (Section 14, page 63), and Referral to COMPASS form (Section 14, page 64).**

### **Case Management Program**

The Case Management Program called “COMPASS” (COMPrehensive ASSESSment) is available to members who need focused care due to Special Health Care Needs and others identified as having special needs.

**Referral of a member to COMPASS may be accomplished in a variety of ways including the following:**

- Identification through the screening of new members for special health care needs
- Direct member referral
- Referral by a member's family or representative
- Referral by the member's Primary Care Provider (PCP) or other involved health care providers
- Internal referral from AlohaCare CC/CM and other staff
- Internal referral from AlohaCare Utilization Management (UM), Pharmacy Drug Utilization Review, Behavioral Health activities
- Internal referrals from non-clinical AlohaCare Departments such as Customer Service or Enrollment
- Referral from other sources

**Trigger indicators that alert AlohaCare staff and the PCP that the member may benefit from some level of case management include, but are not limited to:**

**Medical Triggers:**

- Alzheimer's, Huntington's, Chorea (Hereditary and degenerative disease of CNS)
- Asthma
- Aged, Blind and Disabled (ABD) members
- Burns (severe - over 25%)
- Cancer, leukemia
- Cardiovascular diseases
- Cerebral vascular disease, cerebral hemorrhage, stroke
- Chronic Heart Failure
- CNS disorders: MS, CP, quadriplegic, paraplegic, anoxic brain damage, spinal cord injuries
- Coagulation defects
- Congenital anomalies, spinal bifida, cardiac septal defects
- COPD
- Cystic fibrosis, porphyry, metabolic disorders
- Diabetes with complications, newly diagnosed for stabilization
- ER frequent use
- Head injury
- High risk pregnancy
- HIV infection, AIDS
- Hypertension
- Multiple trauma victims, multiple fractures, amputations
- Muscular Dystrophy and other chronic neuromuscular diseases

- Premature/low birth weight infants; neonatal high risk infants
- Renal failure
- Speech, OT, PT frequent use
- Terminal illness
- Transplant
- Ventilator dependent

**Behavioral Health Triggers:**

- 2 or more failed chemical dependency (CD) episodes within 1 month
- 2 or more failed psychiatric hospitalizations in 6 months
- History of violence or abuse – terrorist acts or threats to others
- Minor child in harm's way requiring immediate action
- Non-compliant with treatment plan or service plan
- Deteriorated level of functioning (GAF 30 or under)
- Pregnant women continuing to use substances
- Left inpatient stay against medical advice (AMA)
- Pervasive development disorder (autism, etc.)
- Seriously emotionally or behaviorally disturbed
- Serious mental illness
- Major depression
- Suicide ideation/attempt
- Counseling for child/adolescent on-going for 12 or more months

**Other Child/Adolescent Triggers:**

- Member continually uses ER more than three times a month
- As appropriate – open clinical investigations, requiring CM services
- Member complaint (access to care issue)
- State reports – any outliers identified in reports
- Office visits for recurrent diagnosis
- Child under CPS jurisdiction, foster care placement
- Repeated no-shows for physician's visits
- Elevated lead level
- Delayed EPSDT visits
- Speech, OT, PT frequent use

**Pharmacy Triggers:**

- Atypical psychotics
- Clozaril use

- Opioid chronic use
- Member is on one or more medications to treat HIV/AIDS, hemophilia, Alzheimer's, MS, Cancer/Leukemia, and Renal Failure
- Member is on a growth hormone medication
- Child/adolescent on medication for over 12 months
- History of potential member mismanagement of controlled medications.
- Polypharmacy - chronic

**Finance Triggers:**

- Hospitalizations of \$30,000 or more in a fiscal year
- Outpatient care that exceeds \$20,000 in a fiscal year

**Activities of Daily Living/Social Triggers:**

- Home health after inpatient stay
- Homeless
- Need for transportation
- Lives alone and has no care taker
- No social supports
- Need for translation

COMPASS provides a process for a timely health assessment for any member identified as having a special health care need(s); development of an individualized care plan (ICP) for meeting those needs; and coordination of cost effective, quality services.

The assessment is conducted utilizing AlohaCare's Medical Information Questionnaire Assessment (MIQA) form and any information received through the Transition of Care process. For existing members referred for case management, the assessment may include obtaining information from a MIQA; information received through a review of medical, behavioral health, and pharmacy claims and authorization history; as well as State, PCP or other provider input. The assessment provides the information necessary to complete an Individualized Care Plan (ICP) and to determine the level of case management which sets the frequency of follow-up contacts. The ICP is developed in coordination with the member and the member's PCP and other relevant providers of care. Reevaluation of the ICP will occur according to the level of case management the member is assigned to. All individualized care plans should be reviewed by the PCP and filed in the member's confidential medical record.

AlohaCare utilizes a multidisciplinary team approach in coordinating care among practitioners, providers, ancillary services, community services, and other needed resources. The member's PCP should direct all care for the member. The AlohaCare Case Manager is responsible for ensuring that the member receives the care directed by the PCP. The Case Manager, in consultation with the member (and family/representative, if appropriate and/or as the member wishes), the member's PCP, specialists, and other relevant parties involved in the member's care, facilitates the ICP activities and interventions and works as an advocate for the member.

Members in case management who are having problems related to taking long-acting and/or multiple opioid drugs may be subject to a clinical drug use review, which includes AlohaCare working with the PCP and/or other provider(s) to ensure appropriate drug usage to treat the member's medical condition(s) as defined in his/her ICP. AlohaCare can assist providers in limiting these types of drugs to a specific prescriber and/or a specified pharmacy upon the provider's approval.

If you would like to refer a member to the AlohaCare Case Management Program, you can fax in a COMPASS referral form to (808) 973-6392 (Oahu) or 1-808-973-6392 (Neighbor Islands) or call in a referral to AlohaCare. If you would like further information on how we can assist you with your case management needs for AlohaCare members, please ask for AlohaCare's Case Management staff when calling Customer Service at: (808) 973-1650 (Oahu) or 1-800-434-1002 toll free from the Neighbor Islands.

### **Transition of Care**

If a member changes PCP, AlohaCare staff will facilitate a smooth transition by informing the new PCP of current authorizations, current referrals, current medications, and current status of case management if applicable. For members moving to one of the carve out programs for specified services or leaving the plan and moving to Medicaid fee-for-service due to their disability status, AlohaCare case management staff will complete a Transition of Care form and submit the form to the carve-out program or DHS, as applicable, as well as to the member's PCP. For members disenrolled from AlohaCare and transferring to a new Plan, AlohaCare case management staff will respond to a request to release information if appropriately signed by the member or the member's legal representative/guardian.

### **Coordination with Other Services**

AlohaCare case managers refer to and collaborate with, and coordinate with community-based resources/services particularly for services not covered by the QUEST program in delivering a tapestry of health care services. These community resources include (but are not limited to) the following:

- Alcohol and Drug Abuse Division
- Adult Mental Health Division
- Child and Adolescent Mental Health Division
- Child Protective Services/Child Welfare Services
- 0-3 program (Early Intervention Services)
- Healthy Moms, Healthy Babies
- Head Start Programs
- Community Care Services (CCS)
- WIC (Women, Infant and Children Program)
- Adult Probation
- Department of Justice
- Medicaid Fee For Service
- Other community-based organizations such as the Life Foundation, American Cancer Society, American Lung Association, etc.

Generally, the majority of coordination with these types of programs are for services not covered by the QUEST program, to provide member support, or where a shared benefit is the responsibility of multiple agencies (CCS, CAMHD, etc.). These efforts are identified in the member's ICP and interactions with agency staff are documented in the member's progress notes. Referrals to these programs are communicated to the member, the member's PCP and other providers involved in the member's care and indicate the contact information of programs involved to ensure smooth connection.

Coordination with carve-out programs such as CCS and CAMHD is explained in detail in the Behavioral Health section of this manual. More specifics about the **Early Intervention Services (EIS) program** and the **Women, Infant and Children (WIC) program** follow:

The **Early Intervention Services program** is for children ages 0 through 35 months who qualify for the QUEST carve-out Department of Health program that provides evaluation and treatment services for children with, or at-risk for, developmental delays. Hearing evaluations, speech therapy, and physical therapy are services that are covered by the Early Intervention Section (EIS) of the Department of Health, previously referred to as the “Zero to Three Hawaii Project.” This program works in conjunction with the Hawaii Keiki Information Services System (commonly known as “H-KISS”), an information and referral service for coordinating care.

### **Who Should Be Referred to EIS Through H-KISS?**

To be eligible, the child must be or have:

1. Developmentally delayed, that is, delayed in physical, cognitive, communication social/emotional, or adaptive area of development; or
2. At biological risk meaning prenatal, perinatal, neonatal, or early development events suggestive of biological insults to the developing nervous system which increases the probability of delayed development. These are children who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. It includes, but is not limited to down syndrome, fetal alcohol syndrome, AIDS, gestational ages under 32 weeks, or very low birth weight (1500 grams or less); and/or
3. At environmental risk meaning physical, social or economic factors which may limit development. It includes, but is not limited to ONE of the following conditions:
  - a. Parental age of less than 16 years;
  - b. Any existing physical, developmental, emotional, or psychiatric disability in any primary caregiver or;
  - c. Child abuse and neglect of target child or sibling and/or;
4. Two of the following conditions are present;
  - a. Economically disadvantaged family
  - b. Single parent
  - c. Incarceration of a primary caregiver
  - d. Parental age 16-18 and less than a high school education
  - e. Birth weight 1,500-2,500 grams
  - f. Presence of physical, development, emotional or psychiatric disability in a sibling or any other family in the house

### **Services Available through EIS:**

Services are provided to assist a child in five development areas:

- Physical (sits, walks)
- Cognitive (pay attention, solve problems)
- Communication (talks, understand)
- Social or emotional (plays with others, has confidence)
- Adaptive (eats, dresses self)

All eligible children will have a care coordinator. The care coordinator assists the family in:

- Gathering information from families that includes needs, priorities, concerns, and daily activities;
- Having a child evaluated;
- Developing an Individualized Family Support Plan that identifies services and support to address the needs of the family and child;
- Linking the family to program and services;
- Providing family support; and
- Supporting transition from EIS at age 3 to the Department of Education Special Education
- Preschool, Head Start, or other community preschools

### **What does the EIS Program Cover?**

The Early Intervention Section (EIS) of the DOH pays for all items covered by the Individuals with Disabilities Education Act (IDEA), a federal law, including mandated evaluation and treatment services provided or authorized by the Early Intervention Section (EIS) through the referral process. Services provided by EIS for families with special needs include:

- Assistive Technology
- Audiology
- Care Coordination
- Family Support/Education
- Health Services
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Parent to Parent Support
- Physical Therapy
- Psychological Support
- Speech and Language Therapy
- Social Work (counseling)
- Specialized Teaching
- Transportation
- Vision Services

### **What is AlohaCare Responsible For?**

The AlohaCare QUEST Plan is responsible for payment of a Newborn Hearing Screening Program (NHSP) screen. Also, AlohaCare is responsible for the cost of NHSP follow-up evaluations such as a formal hearing evaluation from an Audiologist or ENT or rehab (e.g., Auditory Brainstem Response (ABR), Otoacoustic Emissions (OAE), or Play Audiometry). AlohaCare is not responsible for the costs of hearing evaluation for children that passed the

Newborn Hearing Screening Program (NHSP) screen and the hearing problem was detected during the child’s enrollment to the Early Intervention Services Program. Most newborns received the NHSP screen; however, please refer to the chart below to determine who the responsible payer is based on the following situations:

Hearing Screening Situation	AlohaCare’s Responsibility
No newborn hearing screen done in hospital	AlohaCare is responsible for the costs of initial and follow-up evaluations.
NHSP screen not passed and no initial follow-up evaluation was conducted prior to the child’s EIS enrollment.	AlohaCare is responsible for the cost of initial follow-up evaluations.
NHSP passed and hearing problem is detected <u>during a child’s EIS enrollment.</u>	The Early Intervention Section of DOH will pay for subsequent treatment services and evaluations.

AlohaCare remains responsible for all coverage of all other medically necessary services under EPSDT including evaluations to confirm medical necessity of the service (e.g., if an audiological evaluation is recommended).

**How to Make a Referral to EIS through H-KISS**

Any individual (e.g., pediatrician, family) or agency concerned about a child’s development can call H-KISS to refer. On Oahu, call (808) 955-7272. From the Neighbor Islands, call toll free at 1-800-235-5477. H-KISS telephone hours are from 8:30 a.m. to 3:00 p.m., Monday through Friday.

**WIC Program**

The **Women, Infant and Children (WIC) Program** is a special supplement nutrition program. In addition to providing healthful foods, WIC also provides nutrition education, breastfeeding promotion, substance abuse prevention, immunization coordination, health and social services referrals. The federal WIC program is available statewide. The program is funded entirely by the federal government and is administered by the state DOH.

QUEST members are entitled to these free health promotion services. AlohaCare case managers may refer members and AlohaCare asks for your assistance to ensure that our members who qualify for WIC are referred to the program.

**The following people are entitled to receive WIC assistance:**

- Pregnant women
- Post partum women
- Breastfeeding women (up to 1 year after birth)
- Non-breastfeeding postpartum women (up to six months after the birth of an infant or after pregnancy ends)
- Infants and children up to their 5<sup>th</sup> birthday

**WIC provides:**

- Nutritious food

- Nutrition education
- Breastfeeding support
- Health care and social service referral

**Participating in WIC is linked with:**

- Improved birth outcomes
- Improved diet and diet related outcomes
- Improved infant feeding practices
- Higher immunizations rates and regular source of medical care
- Improved cognitive development

You may call the WIC office on Oahu at (808) 586-8175 (Oahu) or toll free from the Neighbor Islands at 1-888-820-6245 and request copies of their brochures to give out at your office, and also determine where the nearest WIC clinic is located so you can tell your patients. You may also access their website at [www.hawaii.gov/health/family-child-health/wic](http://www.hawaii.gov/health/family-child-health/wic).

**Disease Management**

AlohaCare has developed a Disease Management (DM) program to address the following chronic diseases and conditions:

- Asthma,
- Diabetes,
- Chronic heart failure,
- Depression, and/or,
- Experiencing a high-risk pregnancy.

**AlohaCare's DM Program is based on the premise that effective disease management:**

- Educates members on self-management of their illness;
- Supports provider/member relationship and plan of care;
- Prevents acute disease exacerbations/episodes and reduce long-term complications of chronic diseases;
- Reviews appropriate laboratory testing, physician checks, lifestyle modifications, dietary planning and physical fitness as these are just as important as medication management to the overall well-being of the member with a chronic disease state.
- Follows identified best practices, as stated in AlohaCare's Clinical Practice Guidelines for Major Depression, Diabetes, Asthma, Congestive Heart Failure, and High-Risk Pregnancy; and
- Directs the member towards health plan resources in order to maximize access, quality and cost effectiveness of care and minimize the member's potential out of pocket expenses.

The main goal of the disease management programs is to assist the member to be able to self-manage his/her disease, thus enhancing healthy living and lowering the use of inpatient and emergency services.

Providers play an important role in our disease management efforts. For members who are not self-managing their chronic disease as evidenced by ER visits, hospitalizations, and/or non-compliance with office visits and/or filling medication prescriptions, the PCP and specialist will be asked to work collaboratively with AlohaCare's staff to develop a DM plan. AlohaCare's pharmacist may also consult

with the PCP, specialists, and community pharmacist when medications appear to be a problem for the member. In addition, providers will periodically receive educational materials to remind them of clinical best practices.

The PCP, Case Manager, or member may make a referral into the Disease Management program whenever there is evidence of a lack of the member's ability to manage the underlying disease.

If you would like to refer a member to the AlohaCare Disease Management Program, you can fax in a COMPASS referral form to (808) 973-6392 (Oahu) or 1-808-973-6392 (Neighbor Islands) or call in a referral to AlohaCare. If you would like further information on how we can assist you with your disease management needs for AlohaCare members, please ask for AlohaCare's Disease Management staff when calling Customer Service at: (808) 973-1650 (Oahu) or 1-800-434-1002 (Neighbor Islands, toll free).

### **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program**

The health and well-being of our keiki is of utmost importance. To help them on the road to good health, the federally defined EPSDT program has specific requirements of the health plan and its PCPs.

The AlohaCare EPSDT program facilitates the provision of comprehensive health services for members under age 21 years old that includes primary prevention, early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems identified through the EPSDT screening process. Requirements of this program for PCPs providing services to EPSDT members include:

- comprehensive health and developmental history, including both physical and mental assessments (including screening for substance and alcohol abuse for age 12 and older)
- a comprehensive unclothed physical examination
- appropriate immunizations according to age and health history
- laboratory tests, to include blood lead screening, hemoglobin, and hematocrit according to age and risk factors
- blood pressures, height, weight, and head circumference, as age appropriate
- health education
- nutritional assessment
- dental screening, fluoride (through age 16 for QUEST members), and referrals
- vision, hearing, and speech testing
- tuberculosis screening
- anticipatory guidance

A copy of the minimum EPSDT Periodic Screening guideline matrix is provided at the end of this section.

Parents and the child's PCP are the key individuals who contribute to the success of the EPSDT program and AlohaCare's EPSDT Care Coordinator works with these individuals to ensure the timely provision of routine well child and preventive health services. In this way, our keiki can be assured of a healthy beginning.

If you need assistance with EPSDT-related services, we encourage you to contact AlohaCare's EPSDT staff through our Customer Service line at (808) 973-1650 (Oahu) or 1-800-434-1002 (Neighbor Island toll free) or send us your inquiry to [customerservice@AlohaCareHawaii.org](mailto:customerservice@AlohaCareHawaii.org).

**See Forms/Tables/Lists section of this manual for Hawaii's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodic Screening Guidelines (Section 14, page 69-71).**

### **EPSDT Screening Examinations**

**Interperiodic screens:** Interperiodic screens are medically necessary screens which occur between the complete periodic screens. A definition of an interperiodic screen is a physical examination which is done more than 3 months after a complete examination has already been completed. This interperiodic screen may be required for school sports participation or as a complete new patient exam by a new PCP.

**Partial Screens:** Partial screens occur when a screen for one or more specific conditions is needed such as a vision or hearing screen.

Problems identified through the EPSDT screening are followed by diagnosis and medically necessary treatment or referral to an appropriate community resource. This includes diagnosis and treatment of acute and chronic medical and behavioral health conditions as well as the provision of certain medical services associated with dental needs. AlohaCare will cover all medically necessary medical and behavioral health services allowable by Medicaid and included in the child's Individualized Education Program (IEP) or Individual Family Service Plan (IFSP). Even if the child is determined to potentially benefit from the Support for Emotional and Behavioral Development (SEBD) Program, AlohaCare will be responsible for medically necessary medical services under the IEP or IFSP.

Additional benefits that may normally not be covered by QUEST are extended to children under EPSDT if medically necessary and appropriate. Prescription drugs not on the formulary and durable medical equipment typically not covered are examples of these services. Chiropractic, personal care, private duty nursing services and certain non-experimental medical and surgical procedures will also be provided if medically necessary.

Reproductive health services for both males and females who are sexually active and/or of childbearing age are included. These include family planning, STD and pregnancy-related services.

AlohaCare is responsible for covering the cost of pre-placement physical examination as well as the comprehensive physical (performed within 45 days of a pre-placement examination) for foster children. The EPSDT Care Coordinator assists CPS workers with identifying the child's PCP and helps to arrange these services, as needed, to assure that children receive the care they need in order to have a safe environment.

### **Childhood Immunizations**

Immunizations are a very important part of EPSDT covered services. It is expected that the immunization status of the child will be assessed at each office visit whether it is for EPSDT, chronic, or acute care. When a child's immunization status is not up to date, appropriate immunizations should be administered.

AlohaCare has implemented a proactive EPSDT plan, in compliance with Federal and State immunization regulations. PCPs are required to follow the immunizations that must be administered at recommended ages and specific time frames presented on the ***Recommended Childhood and Adolescent Immunization Periodicity Schedule (Section 14, page 75)***. Immunizations to be administered are outlined below:

**Immunizations**

DTaP	diphtheria, tetanus, and pertussis
Tdap	tetanus, diphtheria toxoid, and acellular pertussis (adolescent vaccine)
Td	tetanus and diphtheria toxoid (booster dose)
HepB	hepatitis B vaccine
HepA	hepatitis A vaccine
IPV	inactivated polio virus vaccine
MMR	measles, mumps, and rubella
HIB	<i>haemophilus influenzae</i> type b vaccine
Varicella	varicella (“chicken pox”)
PCV/PPV	pneumococcal conjugate vaccine/pneumococcal polysaccharide vaccine
MCV4/PSV4	meningococcal conjugate vaccine/meningococcal polysaccharide vaccine
Influenza/LAIV	influenza inactivated vaccine (“flu”)/Live attenuated influenza vaccine (“flu”)
HPV	human papillomavirus vaccine
Rotavirus	rotavirus vaccine

\* Acellular Pertussis vaccine (DTaP) is recommended for the fourth and fifth doses of the DTP series among children ages 15 months through six years of age.

The PCP should administer simultaneously all vaccine doses needed according to this schedule. PCPs are required to record:

- Vaccine and dosage given
- Date the vaccine was given (month/day/year)
- Name of the manufacturer of the vaccine, and lot number
- Signature of the person administering the vaccine.

Providers are required to submit a completed DHS Form 8015 “Hawaii Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) form” or DHS Form 8016 “EPSDT Immunization Catch-Up and Follow-Up Form” with the claim and maintain a copy in the child member’s medical record.

PCP office staff should educate parents and guardians about immunizations at each EPSDT visit; explain to them the importance of immunizations and the need to comply with the Periodicity Schedule, as well as the true contraindications of vaccines and the risks and benefits of the immunization.

PCP office staff should also encourage parents and/or guardians to maintain a copy of their child’s personal immunization record card, and the provider’s office should update this record at each visit during which immunizations are administered, documenting: 1) what vaccine was given; 2) the date (month/day/year) of the vaccine, and; 3) who administered the vaccine.

### **AlohaCare Monitoring of Childhood Immunizations**

The immunization-deficient member under the age of 21 years old will be monitored by referral of the PCP and through other means of identification such as medical record audits or reports generated from the DHS form 8015 and 8016 submissions. When deficiencies are noted, AlohaCare will send a letter to the parent or guardian explaining the importance of immunizations and the EPSDT visit; that the visit is covered in full by the AlohaCare QUEST plan; and the need to call the child's PCP to update immunizations.

AlohaCare will monitor PCPs for the preceding immunizations, doses required, and percentage of compliance for children per HEDIS standards using a bi-annual medical record review. The EPSDT Coordinator will present a correction plan to AlohaCare's Clinical and Service Quality Improvement Committee if immunization rates fall below the standards set by Med-QUEST and CMS. The EPSDT Coordinator will work collaboratively with the Department of Health Immunization Program to provide training on immunizations and technical support to AlohaCare providers and provider staff.

### **Immunization Contact Information**

Please contact the Hawaii Immunization Program at (808) 586-8300 or see the CDC website ([www.cdc.gov/nip](http://www.cdc.gov/nip)) for recommended vaccine schedules. You may also contact AlohaCare's EPSDT staff through our Customer Service line at (808) 973-1650 (Oahu) or 1-800-434-1002 (-Neighbor Islands toll free) for questions regarding childhood vaccines.

***See Forms/Tables/Lists section of this manual for the Recommended Childhood and Adolescent Immunization Periodicity Schedule (Section 14, page 75).***

### **Childhood Lead Testing**

According to a study released by the U.S. Department of Human Services, scientific evidence shows that children are at high risk of becoming afflicted by lead poisoning most frequently due to lead-based paint that can be found in older housing units where many children live. An estimated more than 400,000 U.S. children 5 years old or younger have levels of lead in their bodies high enough to cause concern. (CNN, March 2005) The Hawaii Department of Health reports that in 2002, over 100 (@10%) of the 10,434 children screened had blood lead levels over the CDC threshold. Not only is the number of effected children a concern for Hawaii, but also the fact that only about one-third (1/3) of eligible children are being screened as recommended by CDC. (DOH, Maternal and Child Branch, "Childhood Lead Poisoning Prevention Guideline," June 2006)

The U.S. Department of Human Services in 2002 and the Centers for Disease Control in 2000 both affirmed the American Academy of Pediatrics' position that children enrolled in Medicaid must be tested for lead poisoning. Federal law requires that all children enrolled in Medicaid be screened for lead poisoning, and the QUEST program requires screening for lead exposure as part of the EPSDT program.

The State requirements for lead screening within the EPSDT program for children enrolled in QUEST are:

- **ALL** children, around the ages of 12 and 24 months (or 25 – 72 months if not previously done) should be screened using the Lead Risk Assessment. The Lead Risk Assessment can be verbal but the fact that a risk assessment was done should always be documented in the medical record and on DHS forms 8015 and 8016. The question should be taken from the Child Lead Risk Questionnaires provided by the State. A copy of the questionnaire is included in the Appendix and your office may also get copies by contacting the Hawaii State Maternal & Child Health Branch Childhood Lead Poisoning Program at (808) 733-9044.
- **ALL** children covered by QUEST should have their blood lead level screened at 12 and 24 months of age or between 25 and 72 months of age if the child has not been previously tested. Blood lead screening is also suggested when any risk factor is present or any signs/symptoms consistent with lead poisoning are present. Blood tests are always required if any questions on

the Lead Risk Assessment are positive. For the specific blood testing guidelines for QUEST children, refer to Hawaii State Maternal & Child Health Branch Childhood Lead Poisoning Program at (808) 733-9044.

### **EPSDT Education and Outreach**

The EPSDT staff and other AlohaCare personnel, in conjunction with the PCP, will carry out the responsibilities of the EPSDT Education and Outreach program for eligible enrolled members under 21 years of age through mailings, analysis of administrative claims data, and follow-up phone calls. Additional outreach activities as listed below will also target EPSDT recipients.

### **Provider Education and Outreach**

All EPSDT Providers will receive ongoing education and training on current immunization recommendations through meetings, telephone calls, letters of changes on immunization policy, and direct Medical Director contact with the EPSDT PCPs.

All EPSDT Providers will be informed of any changes in the federal and state regulations for the EPSDT program through regional meetings, phone calls, or correspondence from the AlohaCare EPSDT staff.

***See Forms/Tables/Lists section of this manual for Child Lead Risk Questionnaire (Section 14, page 67-68).***

### **Member Education and Outreach**

Within 30 days of enrollment, each new AlohaCare member will receive an information packet which includes: AlohaCare's EPSDT pamphlet, Mikay the Myna Bird flyer (DHS 1153), and a letter regarding information on the EPSDT program. The following information is included in these documents:

- The benefits of preventive health care.
- A description of the complete services covered under EPSDT.
- How and where to obtain these services and assistance with scheduling appointments.
- There is no charge for EPSDT screening and services.
- Transportation to necessary medical visits is available in accordance with AlohaCare policies.

### **Targeted Mailings and Other Interventions**

AlohaCare's EPSDT staff run reports on a regular basis using data from claims and DHS 8015 and 8016 forms received for all members under 21 years old, to assess access to services such as EPSDT. If after six months of enrollment, our claims data indicates that a child has not accessed EPSDT services, the EPSDT staff will follow-up with a postcard and then, after twelve months, a telephone call to the parents of the EPSDT-deficient member.

Monthly rosters identifying members who are due for EPSDT visits are also mailed to each PCP at the beginning of every month. AlohaCare provides more specific information to the PCP/EPSDT providers of any enrolled child who has not had an EPSDT visit in the previous 6 and 12 months time frame, as indicated by the AlohaCare EPSDT Utilization Reports. The PCP will be responsible for outreach to patients and scheduling of appointments.

The EPSDT staff monitors PCP referrals for children requiring specialized care in order to facilitate compliance. The staff will follow-up through claims data or through individual contact with the child's parents, specialist or other provider referred to in order to determine if the visit was completed.

**EPSDT Claims Processing**

The Department of Human Services (DHS) has implemented a new, mandatory process that involves all QUEST patients 20 years or younger. Beginning, August 1, 2007, the DHS requires that all claims for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services must include the appropriate completed EPSDT form.

These new forms are universal among all QUEST health plans and **MUST** be attached to any claim for EPSDT services.

**EPSDT Forms:**

- DHS 8015 (Exam Form)
- DHS 8015A (Additional Information Form)
- DHS 8016 (Catch-up/Follow-up Form)

Because of these new claim processing procedures, AlohaCare EPSDT staff will no longer contact providers regarding claims submitted with missing EPSDT modifiers.

For additional EPSDT forms and/or questions regarding the forms, please contact our Customer Service Department at (808) 973-1650 (Oahu) or 1-800-434-1002 (Neighbor Islands, toll free).

**Claims Processing Requirements:**

- If a claim is submitted without both an EP modifier and EPSDT form, the claim will be paid at the regular non-EPSDT fee schedule rate.
- A claim submitted without an EP modifier but with an EPSDT form attached will be returned to provider to verify if EPSDT services were done and to add the modifier as appropriate.
- A claim submitted with an EP modifier but no EPSDT form attached will be denied as “missing form.”
- Providers must resubmit any returned claims with the appropriate information and EPSDT form for reimbursement.

**How to Bill for Comprehensive EPSDT Services (DHS 8015 Form)**

When providing a comprehensive EPSDT service (which must include all of the age-appropriate elements of an EPSDT visit), you must bill using a CPT-4 preventive medicine procedure code range with an ‘EP’ modifier in order to receive the enhanced global payment for EPSDT (e.g. 99381-EP).

Patient Type	Code	Modifier
New Patient	99381-99385; 99431-99432	EP
Established Patient	99391-99395; 99232; 99308; 99348; 99431-99432	EP

**How to Bill for Catch-up Immunization Services (DHS 8016 Form)**

No more than two (2) follow-up visits for screening attempts will be allowed. For example, if on the dates of the first and second follow-visit for an audiogram, the child was unable to comply, the provider should not schedule a third follow-up visit for the audiogram. Instead, the audiogram should be attempted at the next EPSDT comprehensive visit. The following code range will apply:

Patient Type	Code	Modifier
Established Patient	99211 – 99212	EP
	99213 - 99215  If an E&M service on a follow-up visit requires more than a problem focused history and examination and straightforward decision making, this code range with an EP modifier should be used. Medical records must justify this level of E&M service. The DHS 8016 form should be attached to the claim/encounter.	EP

On field 21 of the 1500 claim form, Diagnosis or nature of illness or injury, use the appropriate ‘V’ code to represent a wellness visit, routine infant or child health check (usually V20.2; in certain circumstances, may be V70.3 or V70.5). Also use any ICD-9 codes relevant to any abnormal screenings detected during the visit.

### Immunization Reimbursements

AlohaCare's Immunization reimbursement policy is summarized in the matrix below. Please contact the Hawaii Immunization Program at (808) 586-8300 or see the CDC website ([www.cdc.gov/nip](http://www.cdc.gov/nip)) for the most up-to-date recommended vaccine schedules. You may also contact AlohaCare's EPSDT Coordinator at (808) 973-2633 (Oahu) or 1-800-434-1002 (Neighbor Islands toll free) for questions regarding childhood vaccines.

### Vaccines - Covered/Non-Covered Benefit Matrix

Member Age	Which Vaccines are Covered Benefits?	Vaccines Provided Free From the State (VFC Program)	Does AlohaCare Reimburse for the Cost of the Vaccine	Does AlohaCare Reimburse for Vaccine Administration (CPT-4 90471, 90472)?	NOTES
0 to 18 Years	All vaccines recommended by the ACIP and CDC Immunization Schedule	Yes	No, the provider obtains the vaccines from the VFC Program	No, vaccine administration is included in the global EPSDT reimbursement	All EPSDT benefits including the administration of immunizations, Snellen vision tests, hearing tests, etc., are included in the global EPSDT payment.
19 to 20 Years	All vaccines recommended by the CDC Recommended Adolescent/Adult Immunization Schedule	No	Yes	No	The global EPSDT fee is paid which includes administration of immunizations and routine screenings.
21+ Years	All vaccines listed in the QUEST benefit matrix and/or	No	Yes	Yes, see Notes	When billing an office visit at the same time as the vaccine administration,

	as recommended by the physician based on medical necessity, provided the service is not a QUEST excluded service.				please use the appropriate office-based E&M code with distinct ICD-9 diagnoses or appropriate modifiers, to indicate it as a separately identifiable service.
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**Dental EPSDT Services to be performed by the PCP**

Generally, dental services for QUEST members are the responsibility of the State of Hawaii Medicaid Fee-For-Service program. There are, however, services that the medical PCP is expected to provide.

Birth to 11 months old

- Oral Evaluation
  - Check for presence of baby bottle tooth decay - brown and/or white spots, or obvious destruction, on the maxillary anterior teeth and back molars, as well as mandibular teeth.
  - Check for proper growth and development of the teeth and jaw.
  - Check for healthy gums.
  - Check for adequate oral hygiene
- Recommendation of systemic fluoride or vitamins with fluoride for all children six months through three years of age is 0.25 mg daily. This reflects the general experience in Hawaii. If the child's drinking water is fluoridated, this schedule does not apply.
- Anticipatory Guidance
  - Teething
  - Oral Habits - thumb sucking, pacifiers
  - Injury prevention - use of walkers
  - Oral Hygiene - wiping the teeth and gums with gauze or a wash cloth
  - Nutrition - avoid fruit juices, formulas and soda in infant's naptime and night time bottle; decrease foods high in refined sugar content
- Dental Referral
  - Refer the child for a dental visit if either of the following is present:
  - Signs of baby bottle tooth decay
  - Any evidence of problems with teeth, gums, or jaw structure
- Discourage:
  - Night ad lib breast feeding after the first primary teeth have erupted
  - Being put to bed with a bottle. If unable, use plain water only.

12 months and Thereafter

- Oral Evaluation
  - Check for obvious tooth decay, including baby bottle tooth decay
  - Check for proper growth and development of teeth and jaw
  - Check for healthy gums
  - Check for adequate oral hygiene
- Recommendation of systemic fluoride or vitamins with fluoride:
  - six months - three years of age: 0.25 mg daily\*
  - three - six years of age: 0.5 mg daily\*
  - six - 16 years of age: 1.0 mg daily\*

\*This reflects the general experience in Hawaii. If the child's drinking water is fluoridated, this schedule does not apply.
- Dental Referral
  - Refer all children at one year old, especially if no teeth are present
  - If no dental visit in the past six months (be sure to ask)
  - If any problems are found
  - If the child has been seen by a dentist remind parent to keep appointment for their child's six month check-up.
  - QUEST Dental services are provided by the Medicaid Fee-For-Service Program. If parent is not sure who the child's dentist is, refer parent to the Med-QUEST Enrollment Call Center at (808) 524-3370 (Oahu) or toll free at 1-800-316-8005 (Neighbor Islands).
- Encourage elimination of bottle feeding by 12-14 months of age.
- Anticipatory Guidance - Adapt to the child's age
  - Oral Habits - thumb sucking, nail biting, chewing ice
  - Injury Prevention - learning to walk, sport activities (mouth guards)
  - Oral Hygiene - tooth brushing and flossing
  - Nutrition - decrease of foods high in refined sugar content
  - Substance Abuse (drugs, smoking, and smokeless tobacco) - from ages 10 to 20 years old
  - Pregnancy - importance of oral hygiene to prevent gum problems
  - Contact dentist if problems occur - broken tooth, swelling, bleeding

**See Forms/Tables/Lists section of this manual for sample DHS 8015, 8015A, and 8016 forms (Section 14, page 69-71).**