

# Provider Training Manual

## Early and Periodic Screening, Diagnostic, and Treatment Program

This manual was created as a guide to help providers and practitioners serve the children of New Mexico.

(12/22/2006 update)

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# Program Description

Early and

Periodic

Screening,

Diagnostic, and

Treatment Program

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## Early and Periodic Screening, Diagnostic, and Treatment Program

### PROGRAM OVERVIEW

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) legislation and includes periodic screening, vision, dental, and hearing services. EPSDT services are also referred to as Tot-to-Teen Health Checks and well-child visits.

Children experience numerous health and developmental milestones that should be assessed as part of routine preventive care. Early detection and treatment can avoid or minimize the effects of many childhood conditions. EPSDT emphasizes the need for comprehensive care and the early discovery of health or developmental concerns.

Much of the information in this section was taken from the Centers for Medicare and Medicaid Services (CMS) website. Additional EPSDT program information is available at the CMS Web site at [http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/01\\_Overview.asp#TopOfPage](http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/01_Overview.asp#TopOfPage).

### Screening Requirements

EPSDT offers children in the Presbyterian Salud Program an effective, comprehensive package of child-oriented screening and treatment services. Presbyterian mails monthly reminders to make sure that families and children know about well-child check-ups that are a basic element of the EPSDT program.

Screening services required as part of the EPSDT visit: medical, vision, hearing, and dental. Each screening service should be performed at distinct intervals as determined by the New Mexico Medical Assistance Division's periodicity schedule (included in the *Practitioner Materials* section).

#### Medical Screen.

1. **History.** A comprehensive health and developmental history including assessment of both physical and mental health.
2. **Physical Exam.** A comprehensive unclothed physical exam.
3. **Immunizations.** Appropriate immunizations, according to age and health history, and according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric adolescent vaccines.
4. **Health Education.** Health education is a required component of screening services and includes age appropriate anticipatory guidance.
5. **Laboratory Tests.** Laboratory tests, including an appropriate blood lead level assessment.

Documentation in the medical record should include exams for all of the five components of the medical screen. This documentation is reviewed as part of the recertification

process and the annual HEDIS® (the NCQA Health Plan Employer Data Information Set) data collection.

**Lead Toxicity Screening.** All children are considered at risk and should be screened for lead poisoning. CMS requires that all Medicaid-eligible children receive a screening blood lead test at 12 months and 24 months of age. CMS also requires that children between the ages of 36 months and 72 months of age receive a screening blood lead test if they have not been screened previously. A blood lead test result equal to or greater than 10 ug/dl obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample.

**Vision Screen.** The vision screen includes diagnosis and treatment for defects in vision, including eyeglasses. This may include initial screening and referral for refraction and eyeglasses.

**Hearing Screen.** The hearing screen includes diagnosis and treatment for defects in hearing, including hearing aids.

**Dental Screen.** The dental screen includes maintenance of dental health, an assessment for relief of pain and infections, and restoration of teeth.

### Screening Schedule

Presbyterian follows the State of New Mexico Medical Assistance Division’s (MAD) periodicity schedule published in MAD 741.31 as well as the Federal EPSDT screening schedule. Both New Mexico Medicaid and CMS certification requirements will be met if documentation in providers’ records show that EPSDT screens have been conducted based upon the periodicity schedule noted below.

#### EPSDT Screening Schedule (Well-Child Checkups)

Babies	Children	Youth
7-14 days	15 months	14 years
1 months	18 months	15 years
2 months	2 years	16 years
4 months	3 years	17 years
6 months	4 years	18 years
9 months	5 years	19 years
12 months	6 years	20 years
	8 years	
	10 years	
	12 years	
	13 years	

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## **Additional EPSDT Screens Allowable When Medically Necessary**

Presbyterian encourages the aforementioned examination schedule. Additional or more frequent examinations may be provided and will be reimbursed if the physician, provider, or Primary Care Practitioner determines that they are medically necessary. Your documentation should support the additional screening/examinations in the provider of service chart.

## **Methods to Increase EPSDT Screening Rates**

Practitioners can help to increase and/or improve EPSDT screening rates by:

1. Utilizing clinical encounters to address EPSDT services to avoid missed opportunities and assess the immunization status of all children during each encounter.
2. Improving medical record documentation and encounter data reporting.
3. Reporting all EPSDT encounters using the correct CPT Preventive Medicine Codes.
4. Maintaining appropriate documentation in the medical record of all medical, vision, hearing, and dental screenings, and/or referrals.
5. Maintaining a tracking system that shows whether each enrolled child has received EPSDT screening and referrals for corrective treatment.
6. Improving outreach to potentially “at-risk” groups such as adolescents, those who are newly eligible for the program, and those not recently using the program.
7. Improving access to needed treatments, with particular attention to children who are medically fragile, such as the Early Intervention Program (EIP).
8. Providing services to correct, compensate for, and improve or prevent a condition from worsening, even if the condition cannot be prevented.
9. Maintaining apparatus and supplies necessary to provide EPSDT services.
10. Providing oral and written notice about the EPSDT program to families when they apply for Medicaid and at least once a year.
11. Contacting members and families to remind them when periodic screens are due and to offer assistance with appointment scheduling and keeping, including telephone calls, mailed reminders, and home visits.

# Practitioner Materials

Early and

Periodic

Screening,

Diagnostic and

Treatment Program

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**PRACTITIONER MATERIALS**

**EPSDT Visit Codes**

The federally mandated Early and Periodic Screening, Diagnostic and Treatment program is provided to all Presbyterian Salud Members from birth to age 21. The use of the following codes is a directive from the Centers for Medicare and Medicaid Services and is a federal and state mandate. All Managed Care Organizations participating in the Salud Program are required to use these codes, which utilize standard CPT 2006 codes.

**The following codes are to be used to report an EPSDT visit for patients ages birth to 21 years.**

CPT 2006 Codes: Preventive Medicine Services	CPT 2006 Codes: Evaluation and Management Codes
<p><b>99381</b> New Patient under one year  <b>99382</b> New Patient (ages 1-4 yrs)  <b>99383</b> New Patient (ages 5-11 yrs)  <b>99384</b> New Patient (ages 12-17 yrs)  <b>99385</b> New Patient (ages 18-39 yrs)  <b>99391</b> Established Patients under one year  <b>99392</b> Established Patients (ages 1-4 yrs)  <b>99393</b> Established Patients (ages 5-11 yrs)  <b>99394</b> Established Patients (ages 12-17 yrs)  <b>99395</b> Established Patients (ages 18-39 yrs)  <b>99431</b> Newborn care (history and exam)  <b>99432</b> Normal Newborn care  <b>99435</b> Newborn care, history and physical exam (assessed and discharged same day) per the American Medical Association and the American Academy of Pediatrics</p>	<p><b>99201-99205</b> New Patient  <b>99211-99215</b> Established Patient</p> <p><b>The above CPT codes must be used in conjunction with V CODES. The V Code Descriptions are as follows:</b></p> <p><b>Health supervision of infant or child</b>  <b>V20.0</b> Foundling  <b>V20.1</b> Other healthy infant or child receiving care  <b>V20.2</b> Routine infant or child health check  <b>V70.0</b> Routine medical examination at a health care facility  <b>V70.3</b> Other medical examination for administrative purposes</p>

**EPSDT claims submitted with incorrect CPT codes will be considered invalid and will be denied. A properly re-coded EPSDT claim will need to be submitted for reimbursement of services rendered.**

**NM Department of Health Guidelines for Children and Adolescents (including Behavioral Health)—In English and Spanish**

[http://www.state.nm.us/hsd/mad/pdf\\_files/HSDPosterepsdt.pdf](http://www.state.nm.us/hsd/mad/pdf_files/HSDPosterepsdt.pdf)

**NM Preventive Health Guidelines for Children**

English: [http://www.state.nm.us/hsd/mad/pdf\\_files/epsdtPrevHlthGuide.pdf](http://www.state.nm.us/hsd/mad/pdf_files/epsdtPrevHlthGuide.pdf)

Spanish: [http://www.state.nm.us/hsd/mad/pdf\\_files/SpanPrevHlthGuide.pdf](http://www.state.nm.us/hsd/mad/pdf_files/SpanPrevHlthGuide.pdf)

**NM Recommended Anticipatory Guidance (ages birth to 21):**

[http://www.state.nm.us/hsd/mad/pdf\\_files/epsdtAnticGuidTbl.pdf](http://www.state.nm.us/hsd/mad/pdf_files/epsdtAnticGuidTbl.pdf)

English: [http://www.state.nm.us/hsd/mad/pdf\\_files/epsdtAnticGuidTbl.pdf](http://www.state.nm.us/hsd/mad/pdf_files/epsdtAnticGuidTbl.pdf)

Spanish: [http://www.state.nm.us/hsd/mad/pdf\\_files/SpanAntguid.pdf](http://www.state.nm.us/hsd/mad/pdf_files/SpanAntguid.pdf)

## Administration Codes for Immunizations

In 2005, the American Medical Association published four new administration CPT codes (90465, 90466, 90467, 90468). The American Academy of Pediatrics lists two additional codes (90471 and 90472). All the codes are for immunization of children less than 8 years of age and include specific coding and administration information. (See next page for coding information 8 years of age and older.)

### CPT Immunization Administration Codes for Children *Under 8 Years of Age*

<b>90465</b>	<ul style="list-style-type: none"> <li>• Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family (counseling required);</li> <li>• For first injection only (single or combination vaccine/toxoid), per day</li> <li>• A base code to be billed with a unit count of one (1) [no more than one (1)]</li> <li>• Should not be billed in conjunction with codes 90471 or 90472</li> </ul>
<b>90466*</b>	<ul style="list-style-type: none"> <li>• Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family;</li> <li>• Each additional injection (single or combination vaccine/toxoid), per day (list separately in addition to code for primary procedure)</li> <li>• An add-on code to be used in conjunction with the base codes 90465 and 90467 when more than one immunization is administered on the same day (see example below)</li> </ul>
<b>90467</b>	<ul style="list-style-type: none"> <li>• Immunization administration under 8 years of age (intranasal or oral routes of administration) when the physician counsels the patient/family (counseling required);</li> <li>• For first administration only (single or combination vaccine/toxoid), per day</li> <li>• A base code to be billed with a unit count of one (1) [no more than one (1)]</li> <li>• Should not be billed routinely in conjunction with codes 90471 or 90472</li> </ul>
<b>90468*</b>	<ul style="list-style-type: none"> <li>• Immunization administration under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family;</li> <li>• First administration (single or combination vaccine/toxoid), per day</li> <li>• An add-on code to be used in conjunction with the base codes 90465 and 90467 when more than one immunization is administered on the same day (see example below)</li> </ul>

#### **\*Examples for Codes 90466 and 90468:**

If the patient, age 7, is given three (3) immunizations intramuscular at the same visit by the same physician's office following counseling with the family, the claim should be submitted as follows:

- Code 90465 with a unit count of 1 and code 90466 with a unit count of 2 (two), for a total of three (3) immunizations.
- On the same claim, you must also bill the CPT codes for the three (3) toxoids that were administered to that patient.
- If you are billing an established evaluation and management (E&M) service on the same date as the administration of immunizations, a modifier 25 is required with the E&M service in order to be processed.
- Codes 90471 and 90472 should be used with the same billing guidelines as noted above if:

- You are administering immunizations to a member that is older than age 8 (see below), or
- You do not provide face-to-face physician counseling to the patient and/or family.

**CPT Immunization Administration Codes for Children *Over 8 Years of Age***

<b>90471</b>	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
<b>90472</b>	each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary (use 90472 in conjunction with 90471)

## Vaccines for Children (VFC) Information

The Omnibus Budget Reconciliation Act (OBRA) created the Vaccines for Children (VFC) program as Section 1928 of the Social Security Act on August 10, 1993. The VFC program, which began October 1, 1994, is one approach used to improve vaccine availability nationwide by providing vaccines free of charge to VFC-eligible children through public and private providers.

Most of the information in this VFC section is from both the VFC website and the New Mexico Department of Health Provider Packet (Web links available on next page).

### Benefits when you join New Mexico Vaccines for Children Program

- Vaccines for all of your eligible patients ages 0-18 at no cost to you.
- Your patients receive immunization services from you.
- Easy access to current immunization information.
- Free state-supplied Personal Immunization Record for patient use.
- Minimal reporting requirements. Just use the VFC consent and inventory forms.
- Save on costs of stocking expensive vaccines.
- Easy vaccine ordering through the New Mexico Department of Health Central Pharmacy:
  - One order form includes all vaccines;
  - Up to a three-month supply of vaccines shipped with emergency requests available;
  - No need to keep separate stocks of vaccines. State-funded vaccines will cover children who do not fall into any of the four federal VFC eligibility categories;
  - Pre-paid address labels in each shipment for returning containers and cold packs.

### How to Enroll in the VFC Program

To enroll in the VFC Program you will need to submit specific documentation. The New Mexico Department of Health (DOH) has a provider enrollment packet that contains most of the forms you will need to submit. Copies of the forms are also provided in this manual. The forms are also available on the Department of Health web site (see link on next page).

### Following is a list of the forms you will need to submit.

<ol style="list-style-type: none"> <li>1. Provider Enrollment Agreement</li> <li>2. Provider Profile</li> <li>3. Benchmark Chart</li> <li>4. State Pharmacy License Form</li> <li>5. Varicella Vaccine Certification Form</li> <li>6. Vaccine ordering &amp; Inventory Form</li> </ol>	<ol style="list-style-type: none"> <li>7. Also submit:                     <ul style="list-style-type: none"> <li>▪ Current NM State Board of Pharmacy Clinic License, <b>OR</b></li> <li>▪ Copy of NM Board of Medical Examiners License (MD) <b>OR</b></li> <li>▪ Copy of NM Board of Osteopathic Medical Examiners License (if chief provider is a DO) <b>OR</b></li> <li>▪ Copy of NM Board of Nursing – Nurse Practitioner’s License (only if chief provider is an NP).</li> </ul> </li> </ol>
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**How to Submit VFC Program Forms**

Print the VFC forms from the VFC Web site or copy the forms provided in this manual. Complete the forms and mail to:

**NM VFC – Immunization Program**  
**NM Department of Health**  
**1190 St. Francis Dr., S-1262**  
**Santa Fe, NM 87505**

**Links to Additional VFC Forms and Internet Sites**

Following are additional forms to use for ordering and inventory, screening, administration, and consent. Many of the forms are also available in Spanish. If you are not able to access the Internet to print these forms, call the New Mexico VFC Immunization program at (505) 827-2898.

**New Mexico VFC Web Page**

<http://www.health.state.nm.us/immunize/Pages/Provider/VFC%20program/vacchild.html>

**Vaccine Ordering and Inventory Form**

<http://www.health.state.nm.us/immunize/Forms/vaccorderinvent.pdf>

**Child and Adolescent Screening Form**

<http://www.health.state.nm.us/immunize/Forms/chldscreenquest.pdf>

**NM Childhood Influenza Vaccination Roster Form**

<http://www.health.state.nm.us/immunize/Forms/FluRoster.pdf>

**NM VFC Vaccine Administration Form – Part B (English) (FOR NMSIIS)**

<http://www.health.state.nm.us/immunize/Forms/PartB-ENG.pdf>

**NM VFC Vaccine Administration Form – Part B (Spanish) (FOR NMSIIS)**

<http://www.health.state.nm.us/immunize/Forms/PartB-SPAN.pdf>

**New Mexico School Vaccination – Consent Form (English) (FOR NMSIIS)**

<http://www.health.state.nm.us/immunize/Forms/SchoolB-ENG.pdf>

**New Mexico School Vaccination – Consent Form (Spanish) (FOR NMSIIS)**

<http://www.health.state.nm.us/immunize/Forms/SchoolB-SPAN.pdf>

**NM Statewide Immunization Information System (NMSIIS)**

<http://www.health.state.nm.us/immunize/nmsiis.html>

**CDC VFC Main Web page:**

[http://www.cdc.gov/nip/vfc/provider/provider\\_home.htm](http://www.cdc.gov/nip/vfc/provider/provider_home.htm)

**CDC/ACIP Recommended Immunization and Catch-up Schedules – 2006 for Providers**

<http://www.cdc.gov/nip/recs/child-schedule-color-print.pdf>

**Forms: Vaccines for Children**



**PROVIDER ENROLLMENT  
NM VACCINES FOR CHILDREN PROGRAM  
VFC PIN #: \_\_\_\_\_**

Chief Provider's Name: \_\_\_\_\_  
First MI Last

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email (required): \_\_\_\_\_

1. Contact Name: \_\_\_\_\_  
First Last

2. Contact Name: \_\_\_\_\_  
First Last

I agree to the following conditions, on behalf of myself and all practitioners, nurses and other staff associated with this medical office, group practice, healthcare maintenance organization, community/migrant/rural clinic, public health office or other entity of which I am the physician-in-chief, public health nurse manager or equivalent, in order to participate in the NM VFC Program and receive federal or state procured vaccines provided to my facility at no cost:

1. I will screen patients and administer VFC vaccines **only to children <19 years of age** who qualify under one or more of the following categories: a) is an American Indian or Alaskan Native; b) is on Medicaid/Salud; c) has no health insurance; OR d) has private insurance. **All children <19 years of age, with or without insurance, are eligible to receive vaccines from the NM VFC program. VFC vaccines can be used ONLY for children 0 through 18 years of age. No VFC vaccines are available for adults.**
2. I will administer VFC vaccines **only to children ages 0 through 18 years of age** for each vaccine, as set by the Advisory Committee on Immunization Practices (ACIP) in VFC resolutions.
3. I will maintain parent/guardian responses on the Immunization Record Part B form for a period of 3 years. Release of such records will be bound by the privacy protection of the federal Medicaid law.
4. If requested, I will make such records available to the state or the Department of Health and Human Services (DHHS). I will participate in VFC CASA/AFIX clinic assessments as requested and I and/or my staff will participate in at least one VFC training session per year.
5. I will comply with the appropriate immunization schedule, dosage, and contraindications as established by the Advisory Committee on Immunization Practices (ACIP). I will administer VFC vaccines to children in eligible age cohorts for each vaccine, as set by the ACIP in VFC resolutions.
6. I will distribute current Vaccine Information Statements (VIS) and maintain records in accordance with the National Childhood Vaccine Injury Act, which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System.
7. I will not impose a charge for the cost of the vaccines I receive from the NM VFC Program. I will not accept reimbursement for the cost of VFC vaccines from any source.



VFC PIN #: \_\_\_\_\_

8. I may charge an administration fee as allowed by the patient’s insurance or Medicaid/Salud coverage, but not higher than the maximum administration fee established by the State. Co-pay requirements of the patient’s insurance or Medicaid/Salud coverage remain in place.
9. For uninsured patients, I will not deny administration of VFC vaccines to a child because the child’s parent/guardian/individual of record is unable to pay the administration fee.
10. I will comply with the state’s requirements for ordering vaccines and with other NM VFC program requirements.
11. I will maintain the cold chain by adhering to instructions in the VFC *Vaccine Storage & Handling Guide*. This guide is provided to all facilities administering VFC vaccines.
12. I will maintain temperature logs for the refrigerator and freezer and record temperatures twice a day (AM and PM) in Fahrenheit for every day the site is open, on the temperature log provided by VFC. Temperature logs are due on the 1<sup>st</sup> of each month for the prior month to the district VFC coordinator. Late logs may lead to disenrollment from VFC. Submission of monthly temperature logs is a requirement for VFC participation and must be received and approved before vaccine orders are filled. Logs must be retained on file for a period of 12 months.
13. I will submit a current vaccine inventory with each vaccine order.
14. I will utilize *Immunization Record Part B forms* for the purpose of informed consent and data reporting. This record has a section identifying the vaccine recipient’s category of eligibility. A copy of this record must be maintained by the provider as a medical record for a period of three years. The original must be forwarded to the state office for database entry within one month of vaccine administration. Direct data reporting to NMSIIS (NM Statewide Immunization Information System), either through manual data entry or via electronic data exchange will supplant the requirement for submission of Part B forms to the State.
15. I will monitor vaccine supply and expiration dates so that overstocked short-dated vaccines may be redistributed according to DOH Pharmacy handling and shipping instructions.
16. I will include a *Vaccine Transfer Report* with any vaccines returned to the DOH Pharmacy for any reason. I will ship back to the DOH Pharmacy all unusable vaccines (expired, wasted, etc.) so that DOH can collect the excise tax refund.
17. I will be financially responsible for the replacement cost of any VFC-provided vaccines that I receive for which I cannot account or that are wasted or expire because of my own or my staff’s negligence. I understand that, upon determination by the State that the cost of unused vaccines due to waste or expiration is in excess of 5% of the total price of vaccines I have received in the past year, the State may terminate this agreement.
18. I understand that the State may terminate this agreement at any time for failure to comply with these requirements or without cause. I understand that if this agreement is terminated, I must return to the VFC Program all unused VFC vaccines. I also will comply with the VFC Program’s procedures for return of the vaccines.

\_\_\_\_\_  
Chief Physician/Primary Provider’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Physician/Primary Provider’s Name - Printed

This record is to be submitted to and kept on file at the NM VFC Program and must be updated annually.



**VFC Pin #:** \_\_\_\_\_

Please enter the names and medical license numbers of all health providers (**MD, DO, ND, NP, PA only**) who may administer vaccines (attach multiple copies of the “Additional Providers Within the Practice” sheet if additional space is needed).

<table border="1"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Last Name</td> <td>First,</td> <td>MI</td> </tr> </table>	_____	_____	_____	Last Name	First,	MI	<table border="1"> <tr> <td>_____</td> </tr> <tr> <td>Medical License No.</td> </tr> <tr> <td>_____</td> </tr> <tr> <td>Medicaid Provider No.</td> </tr> <tr> <td>_____</td> </tr> </table>	_____	Medical License No.	_____	Medicaid Provider No.	_____	<table border="1"> <tr> <td>_____</td> </tr> <tr> <td>Title (MD, DO, PA, NP) (Provider must have prescription writing privileges)</td> </tr> <tr> <td>_____</td> </tr> </table>	_____	Title (MD, DO, PA, NP) (Provider must have prescription writing privileges)	_____	<table border="1"> <tr> <td>_____</td> </tr> <tr> <td>Specialty (Peds, Family, Med, GP, Other (specify)</td> </tr> <tr> <td>_____</td> </tr> </table>	_____	Specialty (Peds, Family, Med, GP, Other (specify)	_____
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## Provider Profile NM Vaccines For Children Program

1. Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      2. VFC PIN #: \_\_\_\_\_

All State-approved public and private health care providers participating in the NM Vaccines For Children (VFC) program must complete this form annually. This document provides shipping information and helps project the amount of vaccine needed. This form will also be used to compare estimated vaccine needs with actual vaccine supply. The State Health Department must keep this record on file with the Provider Enrollment form. The Provider Profile form must be updated annually or more frequently if 1) the number of children being served changes, or 2) the status of the facility changes.

3. Chief Provider's Name: \_\_\_\_\_

4. Facility Name: \_\_\_\_\_

5. Vaccine Delivery Address: \_\_\_\_\_  
Street (no P.O. Boxes)

\_\_\_\_\_

City	State	Zip code
------	-------	----------

6. Days and Times Vaccine May Be Delivered: \_\_\_\_\_

7. Contact Person: \_\_\_\_\_

First	Last
-------	------

\_\_\_\_\_

Title

8. Telephone No: \_\_\_\_\_

9. Fax No: \_\_\_\_\_

10. Email (**required**): \_\_\_\_\_

11. Type of Facility (Check only **one**):

- A. Public Health Department
- B. Public Hospital
- C. Federally Qualified Health Center (FQHC)
- D. Other Public: \_\_\_\_\_
- E. Private Practice (Individual or Group)
- F. Private Hospital
- G. Other Private: \_\_\_\_\_
- H. Indian Health Service: \_\_\_\_\_



**PROVIDER PROFILE**

VFC PIN# : \_\_\_\_\_

12. Vaccine Need

12A. For the next 12-month period, please provide your best estimate of the number of children you plan to immunize by age and eligibility category.

**TOTAL CHILDREN NEEDING IMMUNIZATIONS**

<1 Year Old	1 thru 6 Years	7 thru 18 Years	TOTAL
a. *	b. *	c. *	d. *

12B. Of the total number for each age group entered above, how many children are expected to be NM VFC eligible by category? **Please remember that in New Mexico, all children ages <19 years, with or without insurance, are eligible to receive NM VFC vaccines.**

	<1 Year	1 thru 6 Years	7 thru 18 Years	TOTAL
Enrolled in Medicaid/Salud				
No Health Insurance				
American Indian				
Has private health insurance				
TOTAL	a*	b*	c*	*d

\*Totals in 12A (a, b, c, d) should equal totals in 12B (a, b, c, d).

\*If child is American Indian, ONLY count the child in the American Indian category. Do not count American Indian children in any other category.

Only two types of data should be used to complete 12A and 12B: benchmarking or provider encounter data. Please indicate which data you are using:

- Provider Encounter Data (based on actual patient data)
- Benchmarking Data (see attached)

If you are unable to provide actual encounter data, please complete the attached benchmarking chart. Only one (either the provider profile **OR** the benchmark) is required.



## Weekly Immunization Population Benchmark Chart

VFC Pin #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

Completed by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates covered in this benchmark chart (one month) \_\_\_\_\_ to \_\_\_\_\_

Week of \_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

	<b>&lt; 1 Year Old</b>	<b>1-6 Years Old</b>	<b>7-18 Years Old</b>
<b>Medicaid/Salud</b>			
<b>No health insurance</b>			
<b>American Indian</b>			
<b>Has private health insurance</b>			
<b>Total Children Who Received Immunizations</b>	(Add column)	(Add column)	(Add column)

*Complete EITHER the Provider Profile OR the Benchmark.*

1. Complete one form for each week in a one-month period. Note the week's date on each sheet.
2. Place the form on the refrigerator, at the front desk or another appropriate location. Instruct all staff who give shots or identify ages of patients how to complete the form.
3. When a patient who is 0 through 18 years of age receives a shot, enter a mark in the appropriate block by age and insurance status.
4. Do not double count children. This is a record of child visits per week, NOT the number of shots given.
5. Count each child in one category only. If a child is American Indian, ONLY count that child in the American Indian category. Do not count American Indian children in any other category.
6. Every child who is 0 through 18 years of age and who is immunized during the month-long time period should be entered according to age and insurance status. Remember that in NM, all children who meet the age criteria of 0 through age 18, with or without insurance, can receive VFC vaccines.



**STATE PHARMACY LICENSE FORM**

Federal and state regulations require wholesale drug distributors to maintain current records of their pharmacy account licenses.

Name of Facility: \_\_\_\_\_ VFC PIN # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email (required): \_\_\_\_\_

State Pharmacy License (Clinic Permit) License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*Please complete this form and return with a photocopy of your current state pharmacy license.**

If you are not a public health office, please indicate below your consultant pharmacist's name and a telephone number where s/he may be reached during working hours.

Consultant Pharmacist's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

***Please note:***

**If you are a private provider and do not have a NM State Board of Pharmacy clinic license, you will need to submit a current:**

- **Copy of NM Board of Medical Examiners License (MD)**
- OR**
- **Copy of NM Board of Osteopathic Medical Examiners License (DO)**
- OR**
- **Copy of NM Board of Nursing-Nurse Practitioner's License (only if your chief provider is a NP)**



**VARICELLA/MMRV VACCINE CERTIFICATION**

(\*UNLESS YOUR FREEZER CAPACITY CHANGES, YOU DO NOT NEED TO RESUBMIT THIS FORM ONCE YOU HAVE BEEN APPROVED TO STOCK VARICELLA/MMRV.)

*Your freezer must be approved before you can order varicella or MMRV vaccine.*

DATE \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

VFC PIN # \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

1. I'M INTERESTED INSTOCKING VARICELLA VACCINE AT MY FACILITY.  
YES \_\_\_\_\_ NO \_\_\_\_\_

2. SIZE OF YOUR REFRIGERATOR/FREEZER

- \_\_\_\_\_ A) Full size refrigerator/freezer (freezer maintains temperature at 5° F or colder)
- \_\_\_\_\_ B) 3-4 foot refrigerator with sealed freezer compartment and exterior freezer door (freezer maintains temperature at 5° F or colder)
- \_\_\_\_\_ C) Commercial:

If you have any other type of freezer than those listed above; please indicate:

3. YEAR OF PURCHASE \_\_\_\_\_

4. DO YOU HAVE A THERMOMETER IN YOUR FREEZER? YES \_\_\_\_\_ NO \_\_\_\_\_

5. DO YOU HAVE A THERMOMETER IN YOUR REFRIGERATOR: YES \_\_\_\_\_ NO \_\_\_\_\_

6. WHAT ARE YOUR REGULAR OFFICE HOURS? \_\_\_\_\_

VFC APPROVES THE ABOVE FACILITY FOR VARICELLA VACCINE:

YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ INITIALS \_\_\_\_\_

# Member Materials

Early and

Periodic

Screening,

Diagnostic, and

Treatment Program

*Presbyterian serves to improve the health of individuals, families and communities.*

**MEMBER MATERIALS**

**Presbyterian Preventive Healthcare Guidelines: A guide for healthy members**

<http://www.phs.org/healthinfo/preventive.shtml>

**Testing and Screening for Children and Adolescents from Birth through Age 20**

	<b>Infancy-Age 1</b>	<b>Ages 1-10</b>	<b>Ages 11-20</b>
<b>Tot-to-Teen Health Check</b> (complete examination that includes vision, hearing, development, and behavioral health screening)	Visit your PCP for this complete exam when your child is 1, 2, 4, 6, 9, and 12 months of age.	Visit your PCP for this complete exam when your child is 15, 18, and 24 months, and 3, 4, 5, 6, 7, 8, 9 and 10 years of age.	Visit your PCP for this complete exam when your child is 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years of age.
<b>Blood lead screening</b>	At 12 months	At 24 months	
<b>Laboratory tests</b>	Ask your PCP if your child needs any laboratory tests		
<b>Immunizations</b>	Ask your PCP or nurse AT EVERY OFFICE VISIT if your child needs immunizations (see immunization schedule at <a href="http://www.phs.org/shots">www.phs.org/shots</a> )		
<b>Cervical Cancer screening</b>			Pap smear testing with onset of sexual activity, but at least by age 21. Then every 1-3 years as recommended by your PCP.
Testing for Chlamydia (a curable sexually transmitted disease that can lead to infertility)			All sexually active females 25 and younger and for others at increased risk. Discuss with your PCP.
Testing for rubella			Once for all females of childbearing age by history of vaccination or blood test.

Member content reviewed/revised: 05/2002, 6/27/02, 10/24/02, 11/01/02, 7/14/03, 12/01/03, 02/02/04, 07/28/04, 02/28/05, 07/26/2006

**Sources:**

1. State of New Mexico Medical Assistance Division, New Mexico Administrative Code 8.305.8.16 "Standards for Preventive Health Services"
2. Tot-to-Teen Health Checks are federally mandated for Medicaid as part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
3. Report of the U.S. Preventive Services Task Force, Guide to Clinical Preventive Services, 2<sup>nd</sup> Edition, 1996, and pertinent updates [www.ahcpr.gov/clinic/uspstfix.htm](http://www.ahcpr.gov/clinic/uspstfix.htm)
4. Guidelines for Prenatal Care, 4<sup>th</sup> Edition, 1997, AAP/ACOG
5. Recommended "Done by One" Childhood and Adolescent Immunization Schedule – New Mexico, 2005; compatible with recommendations of the Advisory Committee on Immunization Practices ([www.cdc.gov/nip/acip](http://www.cdc.gov/nip/acip)), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org/online/en/home.html>)

\*Subject to Medicare coverage guidelines

**Preventive Healthcare Guidelines (for Healthy Members)**

**Health Education and Counseling for Children and Adolescents from Birth to Age 20**

	<b>Infancy-Age 1</b>	<b>Ages 1-10</b>	<b>Ages 11-20</b>
<b>Health Education and Counseling</b>	<p>Members from infancy to age 20 should get age-appropriate health education and counseling at every visit on topics such as:</p> <p>Regular physical activity            Healthy diet</p> <ul style="list-style-type: none"> <li>▪ Breastfeeding</li> <li>▪ Iron-enriched formula (less than age 1)</li> <li>▪ Limit fat and cholesterol, maintain caloric balance, emphasize whole grains, fruits, vegetables (2 years and older)</li> <li>▪ Adequate calcium intake</li> <li>▪ Multivitamin with folic acid (females planning/capable of pregnancy)</li> </ul> <p>Prevention of injuries (motor vehicle, household and recreational)</p> <ul style="list-style-type: none"> <li>▪ Child safety car seats (less than 5 years)</li> <li>▪ Lap/shoulder belts (5 years and older)</li> <li>▪ Airbag safety</li> <li>▪ Smoke detectors</li> <li>▪ Flame retardant sleepwear (less than 11 years)</li> <li>▪ Hot water temperature less than 120-130 degrees F</li> <li>▪ Window/stair guards, pool fence</li> <li>▪ Bicycle/motorcycle/All terrain vehicle (ATV) helmets</li> <li>▪ Safe storage/removal of drugs, toxic substances, firearms, and matches</li> <li>▪ Poison control phone number</li> <li>▪ Cardiopulmonary Resuscitation (CPR) training for parents/caretakers</li> </ul> <p>Dental care/baby bottle tooth decay            Sleep positioning for infants            Not using/quitting tobacco/second-hand smoke            Prevention of illegal drug use and underage drinking            Prevention of Human Immunodeficiency Virus (HIV) and other sexually transmitted diseases (STDs)            Prevention of unintended/mistimed pregnancies</p>		

## Preventive Healthcare Guidelines

### Screening and Testing for Adults Ages 21 and Older

	<b>Ages 21-64</b>	<b>Ages 65 and older</b>
<b>Breast cancer testing</b>	Mammogram (special X-ray of breast) every 1-2 years for women 40 and older.	
<b>Cervical cancer testing</b>	Pap smear testing with onset of sexual activity, but at least by age 21. Then every 1-3 years as recommended by your PCP.	
<b>Testing for Chlamydia (a curable sexually transmitted disease that can lead to infertility)</b>	All sexually active women 25 and younger and for others at increased risk. Discuss with your PCP.	All sexually active women at increased risk. Discuss with your PCP.
<b>Testing for colorectal (intestine/gut) cancer</b>	By testing for blood in stool every year for everyone 50 and older. Discuss sigmoidoscopy or colonoscopy with your PCP.	
<b>Testing for Type 2 Diabetes</b>	Discuss with your PCP.	
<b>Blood pressure check</b>	At least every 2 years	
<b>Lipid/ cholesterol testing</b>	At least every 5 years for men ages 35 and older. At least every 5 years for women ages 45 and older.	
<b>Screening for osteoporosis* (bone thinning)</b>		For women ages 65 and older. Discuss with your PCP.
<b>Screening for abdominal aortic aneurysm (a heart problem)</b>		Men ages 65-75 who have ever smoked (one-time test).
<b>Height, weight and obesity</b>	By measuring height, weight, and Body Mass Index (BMI) at every office visit.	
<b>Testing for rubella</b>	Once for all women of childbearing age by history of vaccination or blood test.	
<b>Testing for tuberculosis</b>	Discuss with your PCP.	
<b>Testing for depression</b>	Discuss with your PCP.	
<b>Testing for behavioral health problems (mental health and drug abuse)</b>	First PCP visit	
<b>Testing for hearing and vision problems</b>	Discuss with your PCP.	
<b>Immunizations</b>	Tetanus boosters. Ask your PCP about other immunizations you may need.	
	Flu shot every year for everyone age 50 and older.	
		Pneumococcal vaccine

**Preventive Healthcare Guidelines**

**Health Education and Counseling for Adults Ages 21 and Older**

	<b>Ages 21-64</b>	<b>Ages 65 and older</b>
<b>Health Education and Counseling</b>	<p><b>You should get age-appropriate health education and counseling at every visit on topics such as:</b></p> <p>Not using/quitting tobacco</p> <p>Regular physical activity</p> <p>Healthy diet (limit fat and cholesterol, maintain caloric balance, emphasize whole grains, fruits, vegetables)</p> <p>Adequate calcium intake</p> <p>Multivitamin with folic acid (females planning/capable of pregnancy)</p> <p>Dental care</p> <p>Prevention of injuries (motor vehicle, household, and recreational)</p> <ul style="list-style-type: none"> <li>▪ Lap/shoulder belts</li> <li>▪ Bicycle, motorcycle, and All Terrain Vehicle (ATV) helmets</li> <li>▪ Avoid alcohol/drug use while driving swimming, boating, etc.</li> <li>▪ Safe storage/removal of firearms</li> <li>▪ Hot water heater less than 120-130 degrees F (65 years and older)</li> <li>▪ Cardiopulmonary Resuscitation (CPR) training for household members (65 years and older)</li> <li>▪ Fall prevention (65 years and older)</li> </ul> <p>Prevention of HIV infection and other sexually transmitted diseases (STDs)</p> <p>Birth control</p> <p>Discussion of prevention of chronic diseases for perimenopausal and postmenopausal women</p> <p>Discussion of aspirin for members at risk for heart disease</p>	

Member content reviewed/revised: 05/2002, 6/27/02, 10/24/02, 11/01/02, 7/14/03, 12/01/03, 02/02/04, 07/28/04, 02/28/05, 07/26/2006

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\*Subject to Medicare coverage guidelines

## Preventive Healthcare Guidelines for Adults

### Screenings, Health Education, and Counseling for Pregnancy

<b>Pregnancy</b>	
<b>Visit a practitioner as soon as you think you might be pregnant.</b>	
<ul style="list-style-type: none"> <li>• Your practitioner will tell you how often you need to visit after your first visit, usually every four weeks until your last trimester, then every two weeks, and then every week during the last month.</li> <li>• You will need to visit your practitioner again 4-6 weeks after you deliver your baby.</li> <li>• Follow these guidelines in addition to those listed for your age.</li> </ul>	
<b>Screenings</b>	Blood, urine, and other tests that will check the health of you and your baby.
<b>Education and Counseling</b>	<ul style="list-style-type: none"> <li>▪ Tobacco cessation/effects of passive smoking</li> <li>▪ Alcohol/other drug use</li> <li>▪ Nutrition, including adequate calcium intake</li> <li>▪ Multivitamin with folic acid</li> <li>▪ Breastfeeding</li> <li>▪ Lap/shoulder belts</li> <li>▪ Infant safety car seats</li> <li>▪ Sexually transmitted disease (STD) prevention</li> <li>▪ Importance of postpartum visit (follow-up visit after baby is born)</li> <li>▪ Birth control (at postpartum visit)</li> </ul>
<b>Immunizations</b>	Flu shot (ask Primary Care Practitioner) Rubella after delivery, if needed

2006 Done by One Childhood and Adolescent Immunization Schedule: [www.phs.org/shots](http://www.phs.org/shots)

**“Done By One” Childhood and Adolescent Immunization Schedule - New Mexico - 2006-2007**

Recommended Intervals – Child Ages in Months/Adolescent Ages in Months and Years

Vaccine	Age	Birth	1	2	3	4	5	6	7	8	9	10	11	12 (1 yr)	18 (1½yrs)	24 (2 yrs)	48 (4 yrs)	60 (5 yrs)	11-12 Yrs	12-18 Yrs
DTaP (Diphtheria-Tetanus-Pertussis)			Dose 1		Dose 2		Dose 3	Doses 3 and 4 should be 6 months apart				Dose 4			Dose 5					
Haemophilus Influenza B (Hib)			Dose 1		Dose 2		Dose 3	Dose 3 not needed if COMVAX or Pedvax Hib				Dose 4								
Hepatitis A														Dose 1	Dose 2	Doses 1 and 2 should be 6 months apart				
Hepatitis B		At Birth	Dose 2					Dose 3												
Influenza								Yearly, ages 6 – 59 months during the flu season												
Measles, Mumps & Rubella														Dose 1			Dose 2			
Pneumonia (Pneumococcal Conjugate PCV-7)			Dose 1		Dose 2		Dose 3	Note: First 3 doses must be 2 months apart				Dose 4								
Polio			Dose 1		Dose 2		Dose 3										Dose 4			
Rotavirus			Dose 1		Dose 2		Dose 3	No "catch up"												
Varicella (Chicken Pox)														Dose 1			Dose 2			
<b>Adolescent Series</b>																				
Human Papilloma Virus (HPV)																			3 Doses Female	
Meningitis (Meningococcal-MCV4)																			1 Dose	
Tdap (Tetanus-Diphtheria-Pertussis)																			Booster	

New Mexico's Done By One (DBO) Childhood Immunization Schedule is fully compatible with the recommendations of the Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics and the American Academy of Family Physicians. DBO simply schedules shots to be given at the earliest age allowed by the ACIP. In using this schedule, make sure that minimum intervals between shots in a series are observed. If you have any questions, call the New Mexico Immunization Hotline toll-free at 1-888-231-2367.



Shots can be given even when your child has a minor illness. If your child is not up-to-date, your child's Primary Care Practitioner can make a plan to make sure all shots are complete. Take your child's shot record with you to every health care visit.

**Your child's Primary Care Practitioner may adjust this schedule based on what is best for your child. Remember, your child is not protected against these diseases until all doses have been given.**

Presbyterian serves to improve the health of individuals, families and communities.

For more information on immunizations, go to [www.phs.org/shots](http://www.phs.org/shots)



**Well-child Check-up/Tot-to-Teen Health Check Reminder Letter (Example)**

## It's time for your child's 12-year well-child checkup!

Presbyterian Salud wants your child to continue to grow up healthy! The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program includes a series of well-child checkups to make sure that your child is as healthy as can be. From now until age 20, your child should have a yearly well-child check up. Each visit, your child's Primary Care Practitioner will check for proper growth and development and make sure that your child's shots are up-to-date.

At the 12-year visit, your child's Primary Care Practitioner will examine your child and:


- Check for proper growth using height, weight and other measures.
- Talk with your child about making healthy choices and avoiding alcohol, tobacco and other drugs
- Talk with you about your child's sleeping and eating habits.

Your child may need a booster shot for tetanus and diphtheria before registering for school in the coming year. In addition, the Centers for Disease Control and Prevention also recommend that all 12-year-olds get a shot that protects against meningitis. Please bring your child's shot record with you to the visit.

You can access A.D.A.M. at [www.phs.org](http://www.phs.org) for lots of valuable health information.


*Services funded, in part, under contract with the state of New Mexico.*

*Presbyterian serves to improve the health of individuals, families and communities.*



*Minor accidents can cause concern for parents. Presbyterian Salud has a FREE Nurse Advice Line available 24 hours a day to assist you with questions about your child's health. Please call toll-free 1 (888) 730-2300.*

*The Nurse Advice Line can help you make decisions about when and where to seek health care for your child. Call first and talk with a nurse about any questions you have.*



[www.phs.org](http://www.phs.org)

MEC034YE 12 year

We understand that as a new parent you may have lots of questions about your child's health, and that's why we offer these important visits.

**If your child has not had his or her 12-year visit, call your child's Primary Care Practitioner today, mention this letter, and ask for a well-child checkup.**

Date of 12-year Visit \_\_\_\_\_

If you're not sure who your child's Primary Care Practitioner is, please contact Member Services by e-mail at [info@phs.org](mailto:info@phs.org) or by phone (505) 923-5200 or 1-888-977-2333. Navajo Hot Line call 923-5157 (in Albuquerque) or 1-888-806-8793 (outside Albuquerque). Member Services is open every day of the year from 7:00 a.m. to 8:00 p.m.

## INTERNET SITES

1. Presbyterian Provider Manual – Online Provider Manual  
[http://www.phs.org/resources/documents/provider\\_manual.pdf](http://www.phs.org/resources/documents/provider_manual.pdf)
2. Presbyterian’s immunization page with links to many useful sites for parents.  
[www.phs.org/shots](http://www.phs.org/shots)
3. New Mexico Department of Health Immunization Program  
<http://www.health.state.nm.us/immunize>
4. Medicaid and EPSDT – Centers for Medicare and Medicaid Services Web site.  
<http://cms.hhs.gov/medicaid/epsdt/default.asp>
5. State Medicaid Manual, Part 05 – Early and Periodic Screening, Diagnostic Testing (EPSDT) Services  
[http://cms.hhs.gov/manuals/45\\_smm/sm\\_05\\_5\\_5010\\_to\\_5360with\\_toc.asp](http://cms.hhs.gov/manuals/45_smm/sm_05_5_5010_to_5360with_toc.asp)
6. New Mexico Medicaid – General information on the SALUD! Program  
<http://www.state.nm.us/hsd/mad/Salud.htm>
7. Centers for Disease Control and Prevention: Vaccines for Children (VFC) – Online forms available for the VFC program.  
<http://www.cdc.gov/nip/vfc/Default.htm>
8. American Academy of Pediatrics, Immunization Initiatives – Information for both parents and clinicians.  
<http://www.cispimmunize.org/>