



TITLE:

Child Health Check-Up (CHCUP) Services

POLICY:

First Coast Advantage and its qualified Providers have the responsibility to provide and coordinate all the required components of the Child Health Check-Up (CHCUP), and to ensure that the health screening is conducted in full accordance with State Regulations. First Coast Advantage will monitor the Providers compliance with CHCUP requirements and will assist and provide training for the provider to comply with these requirements. Child Health Check-Up Coverage and Limitations Handbook

<http://floridamedicaid.acsinc.com/providerSupport/handbooks/handbooks.jsp>

PROCEDURE:

1. Provider Responsibilities and Considerations:
 - A. Providers are required to perform CHCUP on all Medicaid eligible children from birth through age 20.
 - B. Providers are required to follow the CHCUP periodicity schedule, which is based on the American Academy of Pediatrics, "Recommendations for Preventive Pediatric Health Care". (See Attachment One)
 - C. Providers are required to assess and document in the child's medical record all the following required components of the CHCUP:
 1. Comprehensive Health and Developmental History including assessment of past medical history, developmental history and behavioral health status;
 2. Nutritional assessment;
 3. Developmental assessment;
 4. Comprehensive unclothed physical examination;
 5. Dental screening Revised 09/01/06: including dental referral to a dentist for Members beginning at three (3) years of age or earlier as indicated
 6. Hearing screening including objective testing, when required;
 7. Vision screening including objective testing, when required;
 8. Laboratory tests including blood lead testing, when required;
 9. Appropriate immunizations; Revised 09/01/06: according to the appropriate Recommended Childhood Immunization Schedule for the United States
 10. Health education, anticipatory guidance;
 11. Diagnosis and treatment; and
 12. Referral and follow-up, as appropriate.

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- D. Providers are required to follow-up on all confirmed blood lead levels equal to or greater than 10mcg per deciliter, and use CDC guidelines covering patient management, which includes follow-up blood tests, and investigating the source of lead. Shands Jacksonville Providers report positive lead reading to the Duval County Health Department where the member is assigned a case manager who performs the necessary follow-up. Revised 09/01/06: First Coast Advantage shall provide additional diagnostic and treatment services determined to be Medically Necessary to a Child/ Adolescent diagnosed with an elevated blood lead level. First Coast Advantage shall recommend, but shall not require, the use of paper filter tests as part of the lead screening requirement.
- E. It is recommended that the Providers use the CHCUP tracking and assessment tools provided in the Child Health Check-Up Coverage and Limitations Handbook. Use of the forms is optional but if forms are not utilized the provider still must assess and document all of the required components.
- F. Revised 09/01/06: First Coast Advantage Providers shall ensure member referrals to appropriate Providers within four (4) weeks of these examinations for further assessment and treatment of conditions found during the examination. First Coast Advantage shall ensure that the referral appointment is scheduled for a date within six (6) months of the initial examination.
2. First Coast Advantage Responsibilities:
- A. Case assistants will access new member demographics to complete a health risk appraisal (HRA) within 30 calendar days of the member's enrollment. The HRA will not be required if the new member (that was previously enrolled but lost eligibility) was screened within the past 60 days.
- B. Case assistants may complete the HRA screen prior to the effective date.
- C. Case assistants will document all screening activity into the SACMs data base.
- D. New members will be contacted at least two times to complete the health risk appraisal either by telephone or mail contact.
- E. The HRA screening will include the following components:
1. Verification of current demographics including address, telephone number and alternative telephone number
 2. Revised 01/10/07: Verification of guardian, next of kin or legally authorized responsible person that is permitted to act on the member's behalf in matters relating to enrollment, plan of care, and/or provision of services, if the member has been deemed incompetent in accordance with the law, or should they be found by

a provider to be medically incapable of understanding his or her rights.

3. Linkage with PCP including knowledge of assigned PCP and confirmation of initial appointment for the purpose of obtaining a physician health risk assessment and/or CHCUP screening
 4. Instruction on the appropriate use of the emergency department
 5. Status of compliance with immunizations and preventive screenings
 6. Current pregnancy status and linkage with obstetrician for prenatal screening and ongoing perinatal care
 7. Presence of physical impairments
 8. History of service utilization
 9. Presence of chronic disease (Asthma, Diabetes, Heart Failure, HIV/Aids, Hypertension), disability, and behavioral health
 10. Number of medications
 11. Outcome of screens
- F. Case assistants will assist new members as needed to arrange for PCP and OB visit appointments
1. New members will be offered the name and telephone number of their assigned PCP.
 2. New members that indicate that they are pregnant or think they may be pregnant will be offered assistance with selecting an obstetrician/PCP, as needed, and provided with the telephone number of the selected physician.
 3. If the member indicates that they need assistance with scheduling an appointment, the case assistant will determine any time/date restrictions, confirm a call back number, contact the appropriate physician to obtain a visit appointment and notify the member of the visit date.
 4. Case assistants will monitor claims for the presence of such visits. If no visit claim is received within 60 days, a follow up reminder will be sent advising of the need to make/keep appointment.
- G. Completed HRAs will be sent to First Coast Advantage Medical Management Department on a weekly basis. Revised 01/10/2006: The Medical Management Department is notified of any immediate need on the same day the need is identified.

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- H. By the 10th of each month, the senior medical analysis will run a SACMs report summarizing the screening activity for the reporting month including:
1. Number of new members
 2. Number screened
 3. Outcome of screen (positive/negative for case/disease management)
 4. Condition code
- I. Provide training to new providers, update providers on changes in CHCUP requirements, and provide re-education to providers.
- J. Review monthly enrollment/claims data to identify enrollees who have not received the necessary check-ups.
- K. Send a reminder letter to enrollees who are two months delinquent with check-ups.
- L. Track enrollees to determine if check-ups have been completed.
- M. Revised 09/01/06: First Coast Advantage shall achieve a CHCUP screening rate of at least sixty percent (60%) for those Members who are continuously enrolled for at least eight (8) months during the Federal Fiscal Year (October 1 – September 30) in accordance with section 409.912, F.S. This screening compliance rate shall be based on the CHCUP screening data reported by First Coast Advantage and due to the Agency by January 15 following the end of each Federal Fiscal Year as specified in Section XII, Reporting, of this Contract. The data shall be monitored by the Agency for accuracy and, if First Coast Advantage does not achieve the 60 percent (60%) screening rate for the Federal Fiscal Year reported, First Coast Advantage shall file a corrective action plan (CAP) with the Agency no later than February 15, following the fiscal year reported. Any data reported by First Coast Advantage that is found to be inaccurate shall be disallowed by the Agency and the Agency shall consider such findings as being in violation of the Contract and may sanction First Coast Advantage accordingly.

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- N. Revised 09/01/06: First Coast Advantage shall adopt annual screening and participation goals to achieve at least an eighty percent (80%) CHCUP screening and participation rate. For each Federal Fiscal Year that First Coast Advantage does not meet the eighty percent (80%) screening and participation rate, it must file a CAP with the Agency no later than February 15 following the Federal Fiscal Year being reported. Revised 9/1/09: Any data reported by the health plan that is found to be inaccurate shall be disallowed by the Agency, and the agency shall consider such findings as being in violation of the contract and may sanction the health plan accordingly. (See s. 1902(a)(43)(D)(iv) of the Social Security Act.)