Thank you

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

We will get started at 11:03 am

To receive the slides shared today please email COProviderRelations@Carelon.com

the slides and recording will also be posted to the RAE 2 and RAE 4 websites in the next week

NHP HCI

Before we get started…

Please type your name and organization in the chat so we know who you are.

If you have questions at any time during the webinar, we ask that you type them in the Q&A within the chat

Everyone's line is muted during the webinar.

Thank you

January Provider Support Call

Monthly Provider Roundtable

January 10, 2025

What is the RAE?

The RAEs are responsible for the health and cost outcomes for members in their region, as well as:

- Developing a network of Primary Care Medical Providers (PCMPs) to serve as medical home providers for their members,

- Developing a contracted statewide network of behavioral health providers,

- Administering the Department's capitated behavioral health benefit,

- Onboarding and activating members,

- Promoting the enrolled population's health and functioning, and

- Coordinating care across disparate providers, social, educational, justice, and other community agencies to address complex member needs that span multiple agencies and jurisdictions.

NORTHEAST HEALTH PARTNERS, LLC

FQHCs:

sunrise COMMUNITY HEALTH

Salud Family Health Centers
EXCELLENCE. EVERY PATIENT. EVERY TIME.

CMHCs:

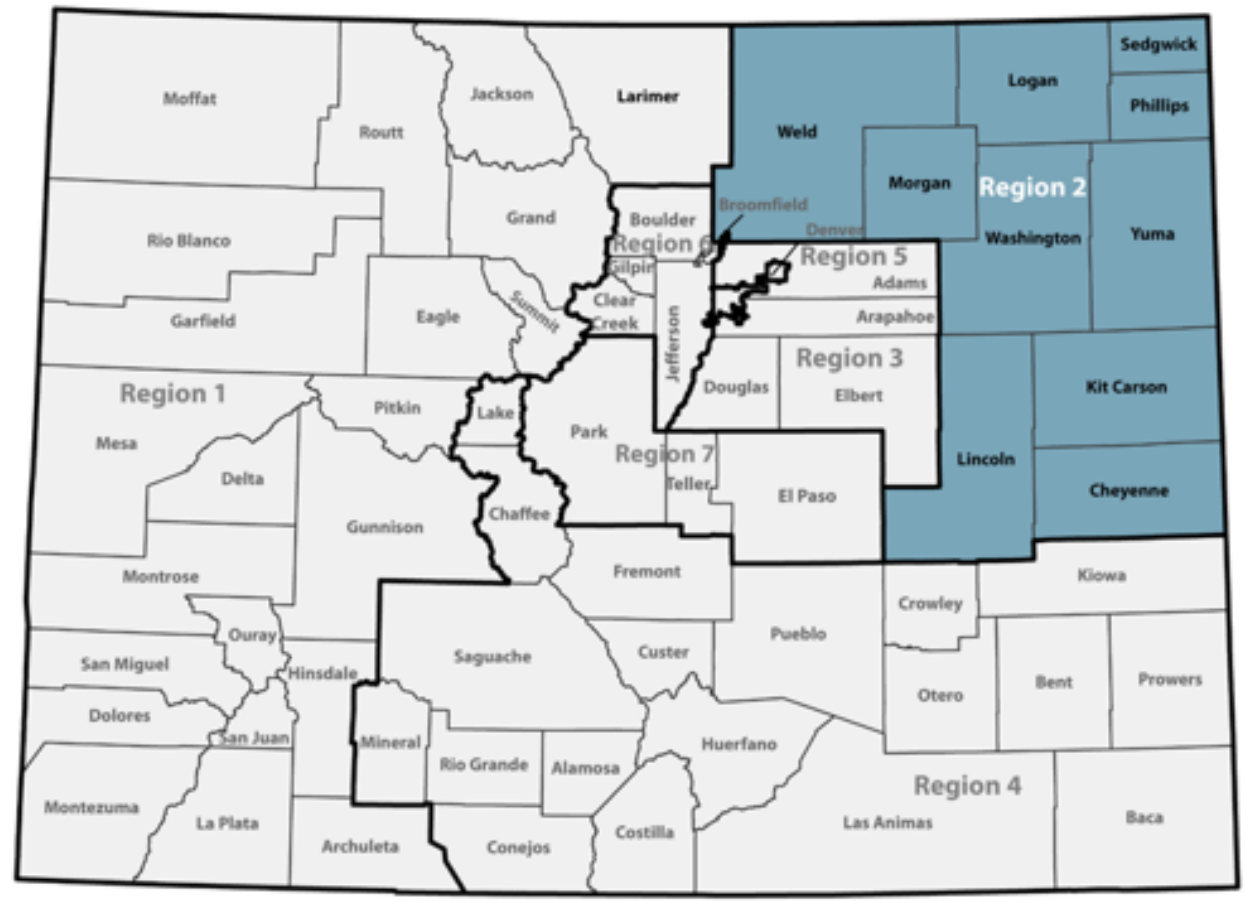
CENTENNIAL MENTAL HEALTH CENTER
Moving lives forward

NORTH RANGE BEHAVIORAL HEALTH
Where hope begins.

Administrative Service Organization:

carelon Behavioral Health

Northeast Health Partners



HEALTH COLORADO

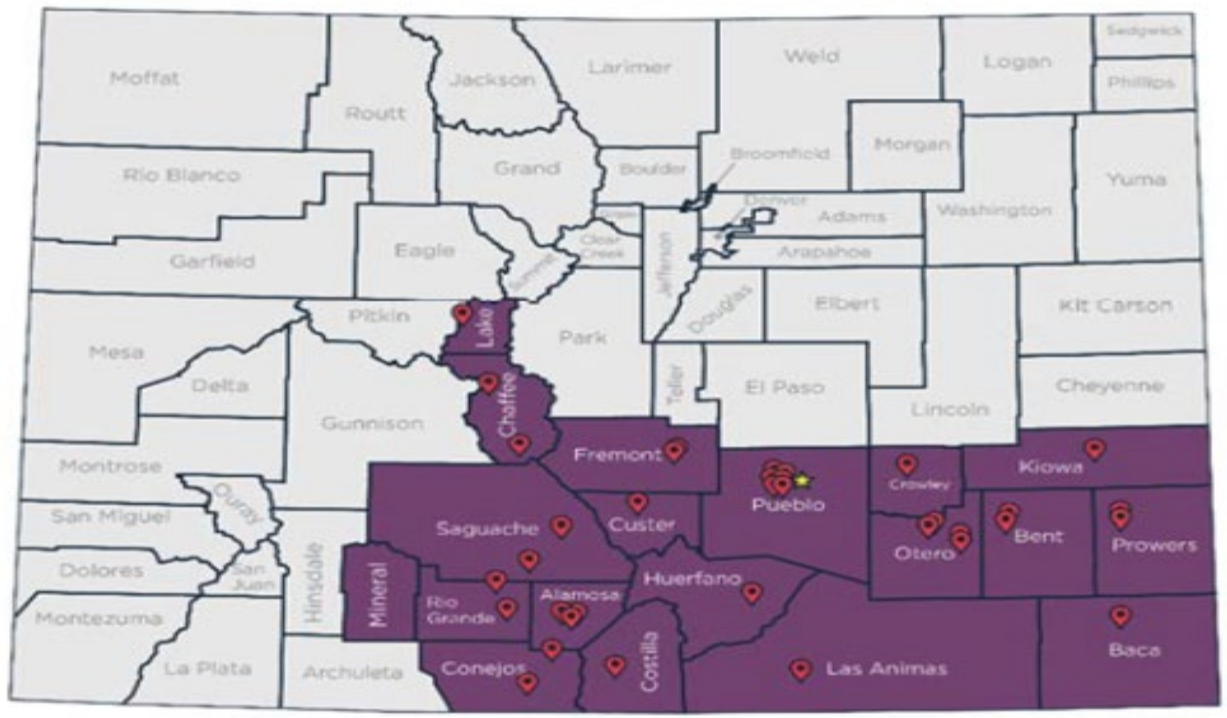
Valley-Wide Health Systems, Inc.

Health Solutions — Your Health Is Our Priority

carelon Behavioral Health

San Luis Valley Behavioral Health Group — Dedicated to Hope, Healing and Recovery

Solvista Health



NORTHEAST HEALTH PARTNERS, LLC

HEALTH COLORADO
Your Connection to Complete Health Care

What is a RAE Roundtable?

This is a monthly meeting where we share updates, provide information, training, and welcome your questions, feedback, and discussion.

Feel free to share this invitation with colleagues who also have an interest in attending.

Agenda

1. Welcome and Introductions

2. Member Rights & Responsibilities, Complaints/Appeals, EPSDT Benefits, and Benefit Updates

3. Updates

4. Reminders, Questions, and Discussion

Chapter 01

Welcome and Introductions

Thank you for joining the Provider Support Call/Roundtable

Member Rights & Responsibilities, Complaints/Appeals, EPSDT Benefits, and Benefit Updates

Chapter 02

Member Rights & Responsibilities

Member's Rights & Responsibilities

Rights

- ✓ Be treated with respect and consideration for your privacy and dignity.
- ✓ Get information in a way you can easily understand. This includes language services.
- ✓ Get information from your provider about treatment choices for your health condition.
- ✓ Be involved in all decisions about your health care and say "no" to any treatment offered.
- ✓ Not be secluded or restrained as a punishment or to make things easier for your provider.
- ✓ Ask for and get a copy of your medical records and ask that they be changed or corrected.

Responsibilities

- ✓ Understand your rights.
- ✓ Follow the Health First Colorado's (Colorado's Medicaid Program) handbook to learn about your benefits and how to use them.
- ✓ Treat other members, your providers and their staff with respect.
- ✓ Choose a Primary Care Medical Provider (PCMP) and go to Enroll.HeathFirstColorado.com or call 303-839-2120 or 888-367-6557 (State Relay 711) if you want to see a different PCMP.
- ✓ Go to your appointments on time or call your provider if you will be late or cannot keep your appointment and pay for services you get that are not covered by Health First Colorado.
- ✓ Tell your provider and Health First Colorado if you have other insurance or family or address changes.

The above list is just a sample of members' R&R. For full list, go to the RAE's website under members/R&R tab (northeasthealthpartners.org or healthcoloradorae.com).

Member's have the Right to Disenroll

Members can ask to disenroll without having a reason during these times:

- During the 90 days after their enrollment date
- At least once every 12 months after the first 90 days
- If they lost their eligibility, upon their renewal if they missed their chance to disenroll in the 12-month period
- If there are sanctions on the RAE

Members can ask to disenroll for certain reasons at any time:

- They move out of our service area
- They receive poor quality of care
- There is a lack of access to providers or services they need
- They need more than one service to be performed at one time and not all services are offered by the RAE
- The RAE does not cover the service based on a moral or religious reason
- One of their providers leaves the RAE's network and this would impact the member's long-term services and support care

What do they need to do to disenroll?

- Call the Member Contact Center at 800-221-3943 or State Relay at 711 to disenroll.
- Send a written request to Health Care, Policy and Financing (HCPF) or one of their agents to disenroll.
- Call the RAE if they need any help. This is a free call.

Provider Responsibilities

Review rights with members

Have information about rights and how to file a complaint posted in a prominent place at your practice

Posters Available For Free in Spanish and English

Rights & Responsibilities
How to File a Complaint
You can print these from the websites

To request posters email:

Coproviderrelations@carelon.com

Chapter 02

Member Complaints

Grievance (Complaint) Defined

Health First Colorado's Member Handbook informs members:

You have a right to complain. This may also be called a grievance. You can file a complaint about anything. If your complaint is about coverage or pre-approval of services, it is an appeal. For example, you can complain if you are unhappy with your service or think you were treated unfairly. You cannot lose your coverage for filing a complaint. That's the law! If your complaint is about your provider, you can always talk to your provider. You can make a complaint to your health plan any time.

HCPF defines complaint as an oral or written expression of dissatisfaction about any matter other than an Adverse Benefit Determination.

Members have the right to file a Complaint

- If a Member raises an issue or concern about ANY of their providers; which could include their Primary Care Medical Provider, a Specialist, or their Behavioral Health Provider, they can talk to that provider or file a complaint with the RAE or one of the RAE's delegated advocates.

- A Member can designate a provider, a family member, or anyone they choose as a Designated Client Representative (DCR) to file a complaint on their behalf.

- Members cannot be punished for filing a complaint.

- Members/Guardians/DCRs can file a complaint verbally or in writing.

- Members/Guardians/DCRs can file a complaint at ANY TIME and for ANY REASON.
  - There is no time limit to file a complaint!

- Carelon follows 42 CFR.438 regulations in handling complaints.

What Happens When a Member Complaint is Filed?

- A letter is sent to the Member within two (2) business days that acknowledges receipt of the complaint.
- The complaint investigation will be completed within fifteen (15) business days of the day they filed the complaint. A one-time fourteen (14) day calendar extension can be requested by the Member or the RAE if it benefits the Member. Members will be informed if more time is needed to resolve the complaint.
- A complaint resolution letter will be sent to the Member explaining the results of the investigation.
- If the Member does not agree with the results of the investigation, they can ask for a "Second Level Review". This review is completed by the Colorado Department of Health Care Policy and Financing, Medicaid Managed Care Contract Manager. The results of this review are final.
- The Member also has the right to ask for a review by contacting the Ombudsman for Health First Colorado Managed Care. There is an Ombudsman Policy on the websites for providers to review.

Ombudsman Policy

The RAE's Ombudsman Policy is located on respective websites under Members/Complaints & Appeals Tab. This policy is available in English/Spanish.

The Ombudsman for Health First Colorado Managed Care can help members file a complaint or an appeal.

Members can contact the Behavioral Health Ombudsman Office of Colorado for a parity issue.

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Standard Operating Procedure		
SOP Number: 308L	Category:	Page 1 of 5
Title: Working in Partnership with the Ombudsman for Medicaid Managed Care	Original Date of Issue: 12/01/2013	
Keyword Search: Ombudsman	Date Approved: 7/1/2024	

Carelon Behavioral Health Policies and Procedures cover the operations of all entities within the Carelon Behavioral Health Holdings, LLC corporate structure, including but not limited to Carelon Behavioral Health Strategies LLC and Carelon Behavioral Health, Inc.

Reviewed ☒ *To select double click box, select Checked, then OK*	Revised ☐	New ☐	Approval Signatures: Lynne A. Fabian **Lynne A. Fabian, LPC** Manager, Health Care Promotion Outreach Specialist
Functional Area(s) Involved in Review: Member Services			
Service Center/Engagement Center: Colorado Springs			
Previous Approval Date: 7/14, 9/15, 8/16, 1/18, 9/21, 12/22, 12/23, 7/24			Next Annual Review Due: 7/1/2025

I. Purpose:

To describe the procedures for collaborating with the Ombudsman for Health First Colorado (Colorado's Medicaid Program) Managed Care.

II. Policy:

a. The Regional Accountable Entity (RAE) ensures that Health First Colorado members have a voice in their care delivery. The RAE recognizes that many Health First Colorado Members benefit from having an advocate work on their behalf when using the complaint process or seeking specific services.

b. The RAE will not interfere with advocacy relationships between members and whom they choose as an advocate.

c. The RAE will utilize and refer members to the Ombudsman for Medicaid Managed Care to help with problem solving, complaint resolution, in-plan, and administrative law judge (ALJ) hearing level appeals, and referrals for community resources, as appropriate.

d. The RAE will collaborate with the Ombudsman and share Personal Health Information (PHI) without a signed release on matters outside of psychotherapy notes or substance use disorder-related information. The RAE will collaborate with the Ombudsman except if a member has signed a release with explicit instructions to not share information about their healthcare with the Ombudsman.

Where do you direct Members to Make a Complaint?

Member/Guardian/DCR can write, call or email us at:

Community Outreach Manager
10855 Hidden Pool Heights, Suite 260
Colorado Springs, CO 80908

888-502-4185 (Health Colorado)

Email: healthcolorado@carelon.com

or

888-502-4189 (Northeast Health Partners)

Email: northeasthealthpartners@carelon.com

Members can contact the Health First Colorado Managed Care Ombudsman at 877-435-7123 or 303-830-3560 or email help123@maxmus.com. They can also contact the behavioral health Ombudsman at: 303-866-2789; email: ombuds@bhoco.org.

A Complaint Guide can be found on our websites: www.northeasthealthpartners.org or www.healthcoloradorae.com under the member tab/complaints and appeals.

**How to File a Complaint Posters available upon request. Please contact the Community Outreach Manager **

Chapter 02

Provider Complaints

Provider Complaints

Providers can contact Carelon Behavioral Health to file a complaint at our email or toll-free numbers:

coproviderrelations@carelon.com

HCI: 888-502-4185
NHP: 888-502-4189

Chapter 02

Member Appeal & State Fair Hearing Rights

Appeal Facts

1	A clinical appeal is the member's right in Colorado. Members can designate a person of their choice (including a provider) to request an appeal on their behalf by filling out a Designated Client Representative (DCR) Form. This is found on the website under Members/Complaint and Appeals.
2	The member has 60 calendar days from the date the notice of adverse benefit determination letter is sent to request an appeal for a denied behavioral health service.
3	There is only one level of appeal for members.
4	Providers do not have the right to request a Clinical Appeal in the State of Colorado. A provider can request an appeal for a claims issue by calling **(800) 888-3944.**

Who Can File an Appeal for a Member

Members can appoint anyone to be their Designated Client Representative (DCR) to request an appeal on their behalf. This person can be a family member, a service provider, or anyone else they choose. The member can call the RAE's Community Outreach Manager to find out when a DCR and/or ROI form is needed.

Members can find an Appeal Guide, ROI or DCR form on our website: www.healthcoloradorae.com or www.northeasthealthpartners.org under the member tab/complaints and appeals.

If a Member/Guardian/DCR requests an Expedited (quick) appeal, *the MD for the RAE needs to make a decision if the standard appeal timeframes would jeopardize a member's life, physical or mental health.* If approved, the "appeal clock" starts ticking and a decision will be made within 72 hours, otherwise, we will make a decision within ten (10) business days.

State Fair Hearing (SFH)

All appeal rights need to be exhausted prior to members requesting a State Fair Hearing (SFH) before an Administrative Law Judge -- unless the RAE does not follow appeal timeframes

Members/Guardians/ DCRs can request a State Fair Hearing up to 120 days from the Appeal Decision date. Members may have any representative they would like at the SFH.

Members can ask our Community Outreach Manager for help needed to contact Office of Administrative Courts to request a SFH.

Members can request a SFH by mailing or bringing their request to: 1525 Sherman Street, 4th Floor, Denver, CO 80203

Members can email: oac-gs@state.co.us

Members can fax their request to 303-866-5909

https://www.healthfirstcolorado.com/appeals/

Continuation of Benefits During an Appeal OR State Fair Hearing

If a Member wants services to continue during an appeal or State Fair Hearing, the member must ask the RAE that their services continue. *A provider cannot make this request on behalf of the Member.*

The Member must make this request within ten (10) days from date they received the Notice of Adverse Benefit Determination letter or Upheld Appeal Decision letter.

There is an Appeal Guide and State Fair Hearing Guide on the RAE's website to provide to members

Continuation of Services: Standards that must be met:

Standards for continuation of services during an Appeal or State Fair Hearing

- The service must have been ordered by an authorized provider
- The Member must ask to continue the service by calling their RAE within ten (10) business days

Standards for Continuation of Services during an Appeal

- The time period for the authorized service must not be over yet
- The services were denied, reduced, or stopped
- The Member has sixty (60) days from the date of the adverse benefit determination to file an appeal

Standards for Continuation of Services during a State Fair Hearing

- The previously authorized services were denied, reduced, or stopped
- The Member can request a State Fair Hearing up to 120 days from the upheld appeal
- Services must have been continued during an appeal to request continuation of services during a SFH

Independent Review for Denied SFH substance use request

01

If the member requested a State Fair Hearing for *denied or reduced residential or inpatient substance use disorder treatment* and the decision was not in their favor, then the member or their provider can ask for an Independent Review. An Independent Review is also called a Secondary Medical Necessity Review.

02

An Independent Review is when a medical provider who is not associated with the RAE or Health First Colorado reviews the documentation to see if the services that were denied or reduced were medically necessary.

03

To ask for an Independent Review, the member must have used all their appeal options with the RAE and Health First Colorado. If the member or their provider would like to request an Independent Review, they can contact the RAE for help with the process.

Secondary Medical Necessity SUD Review

Chapter 02

Provider Claim Appeals

Provider Claims Appeals

Providers can contact Carelon Behavioral Health's Claims Department to appeal or challenge an unpaid behavioral health service. This does not include claims denied for clinical reasons. The Claims Department can be reached at **1-800-888-3944.** Providers can also write to them at:

Claims and Claims Appeals Carelon
Attn: Health First Colorado Claims
PO Box 1850 Hicksville NY 11802-1850

For Physical Health Claims Appeals, providers will need to contact Health First Colorado at 1-844-235-2387.

Chapter 02

Advance Directives

Advance Directives

The RAE maintains written policies and procedures and provides written information to individuals concerning advance directives with respect to all adult individuals receiving care by or through the RAE.

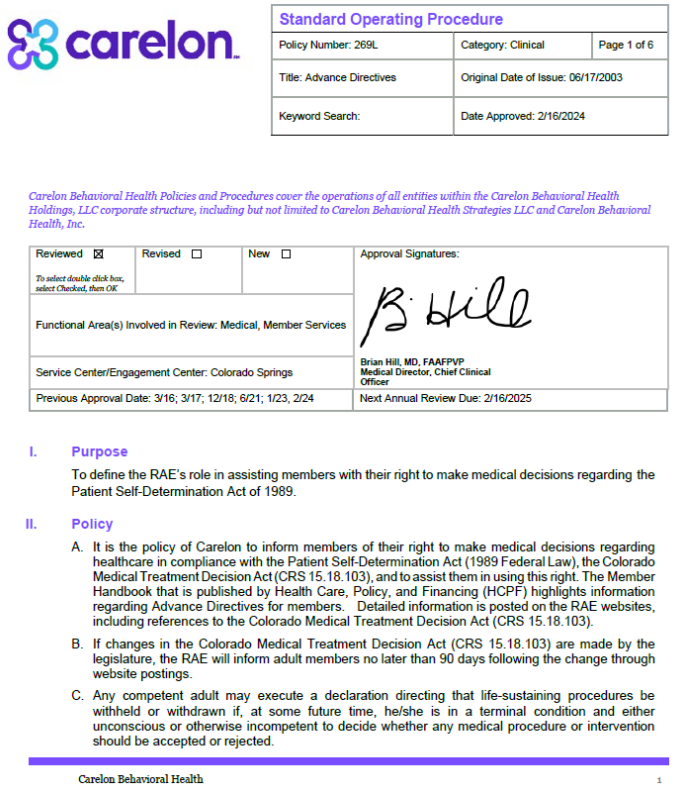
Advance directives policies and procedures include:

- Notice that members have the right to request and obtain information about advance directives at least once per year.
- A clear statement of limitation if the RAE cannot implement an advance directive as a matter of conscience.
- The difference between institution-wide conscientious objections and those raised by individual physicians.
- Identification of the State legal authority permitting such objection.
- Description of the range of medical conditions or procedures affected by the conscientious objection.

Policies can be found on the RAE website:

https://www.healthcoloradorae.com/members/advance-directives-living-will/

https://www.northeasthealthpartners.org/members/advance-directives-living-will/



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Standard Operating Procedure		
Policy Number: 269L	Category: Clinical	Page 1 of 6
Title: Advance Directives	Original Date of Issue: 06/17/2003	
Keyword Search:	Date Approved: 2/16/2024	

Carelon Behavioral Health Policies and Procedures cover the operations of all entities within the Carelon Behavioral Health Holdings, LLC corporate structure, including but not limited to Carelon Behavioral Health Strategies LLC and Carelon Behavioral Health, Inc.

Reviewed ☒ *To select double click box, select Checked, then OK*	Revised ☐	New ☐	Approval Signatures:
Functional Area(s) Involved in Review: Medical, Member Services			
Service Center/Engagement Center: Colorado Springs			Brian Hill, MD, FAAFPVP Medical Director, Chief Clinical Officer
Previous Approval Date: 3/16; 3/17; 12/18; 6/21; 1/23, 2/24			Next Annual Review Due: 2/16/2025

I. **Purpose**

To define the RAE's role in assisting members with their right to make medical decisions regarding the Patient Self-Determination Act of 1989.

II. **Policy**

A. It is the policy of Carelon to inform members of their right to make medical decisions regarding healthcare in compliance with the Patient Self-Determination Act (1989 Federal Law), the Colorado Medical Treatment Decision Act (CRS 15.18.103), and to assist them in using this right. The Member Handbook that is published by Health Care, Policy, and Financing (HCPF) highlights information regarding Advance Directives for members. Detailed information is posted on the RAE websites, including references to the Colorado Medical Treatment Decision Act (CRS 15.18.103).

B. If changes in the Colorado Medical Treatment Decision Act (CRS 15.18.103) are made by the legislature, the RAE will inform adult members no later than 90 days following the change through website postings.

C. Any competent adult may execute a declaration directing that life-sustaining procedures be withheld or withdrawn if, at some future time, he/she is in a terminal condition and either unconscious or otherwise incompetent to decide whether any medical procedure or intervention should be accepted or rejected.

Carelon Behavioral Health 1

Advance Directives Workshop

Facilitated by certified Life Care Planning Facilitator

Offered quarterly

Workshops on: March 27, 2025 and June 26, 2025 from 12:00pm – 1:30pm

- Also available for
  - 1-1 meetings with members
  - Training for staff

Contact RAE's Community Outreach Manager to schedule or for more information

Language Assistance

Translators are not a Health First Colorado (Colorado's Medicaid program) benefit. Doctors and other medical providers must offer effective communication with their patients. Effective communication includes translators, American Sign Language interpreters, written material in another language, or other options to help people who speak a language other than English and for people with a disability. For more information, contact the Americans with Disabilities Act (ADA) Coordinator.

To request an interpreter:
Colorado Language Connection: https://www.coloradolanguageconnection.org/

- ✓ Call Northeast Health Partners at 888-502-4189 if you need help arranging interpretation services for a member.
- ✓ Call Health Colorado at 888-502-4185 if you need help arranging interpretation services for a member.

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HEALTH COLORADO
Your Connection to Complete Health Care

https://www.healthfirstcolorado.com/english-is-not-my-first-language-will-health-first-colorado-pay-for-a-translator-during-my-doctor-visits/)

Chapter 02

Medicaid Benefits/EPSDT Services

Member Handbook – assisting members with their benefits

Member Handbook: Remind members that there are great resources on our websites that include a member handbook in English and Spanish. The RAE will send anything on our website within 5 days at members' request.

Benefit Link: If members ask about any of their benefits, you can direct them to the state's benefit link or try to help with any questions.

Early and Periodic Screening Diagnostic and Treatment (EPSDT)

- Health First Colorado (Colorado's Medicaid Program) is federally required to have EPSDT benefits for members 20 years of age and younger
- The goal is for kids to stay as healthy as possible by having regular screenings at well visits
- All services are **free** for Health First Colorado members 20 years of age and younger
- Colorado uses Bright Future guidelines for screenings
- Please refer to the behavioral or physical health provider handbook for provider responsibilities with EPSDT

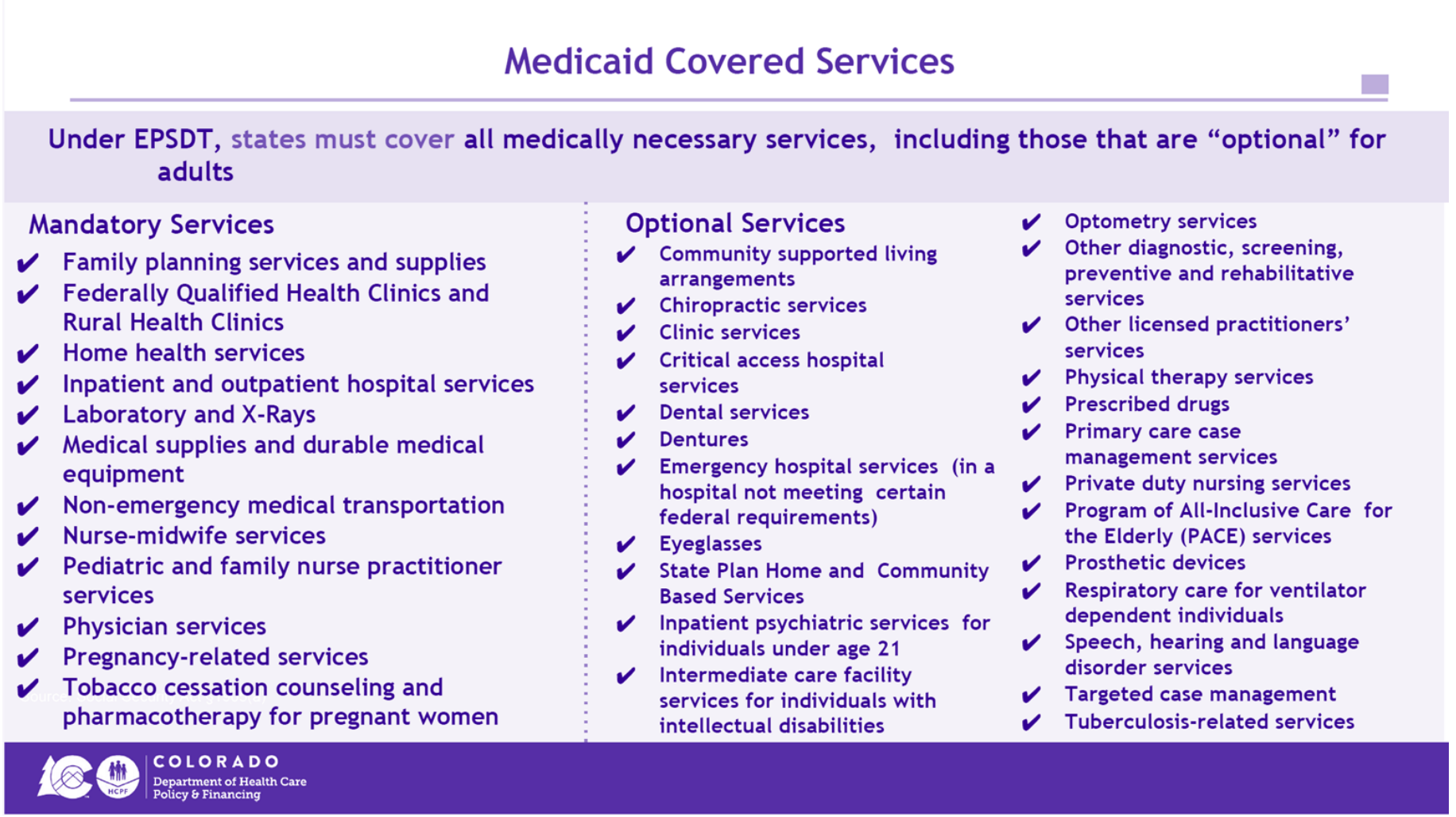
https://hcpf.colorado.gov/epsdt

EPSDT – Additional information

- EPSDT is a federally mandated Medicaid benefit under Title 19. It is not a program or a waiver. Medicaid members aged 20 and under have Medicaid benefits under the Title 19 program, and therefore are entitled to EPSDT benefits. Children in CHP+ do not have EPSDT benefits as CHP+ is a different Title.
- Children do not have to enroll in or request EPSDT – it is part of their benefit structure.
- EPSDT is a comprehensive healthcare plan focused on prevention and early treatment. It is a flexible plan with a menu of benefits available to be tailored to children's individual and development needs, not to private insurer benchmarks.
- EPSDT is not a special funding program, a stand-alone coverage with a special application process, or a freestanding funding source for a limited class of services.
- EPSDT covers all medically necessary services included within any category of Medicaid services listed in Section 1905 (a) and is not limited to services included in the Colorado Medicaid State Plan. Services must be deemed effective to correct or ameliorate a diagnosed condition.

EPSDT Colorado Website

Mandatory and Optional Services



Source: EPSDT Presentation from Gina Robinson

EPSDT Information is on our Websites

HCI New Member & EPSDT Resources

- ✓ Welcome Letters
- ✓ Pregnancy Resources
- ✓ Children & Youth Health Care Services (EPSDT) health information sheets
- ✓ Benefit Information
- ✓ Transportation
- ✓ Food Assistance Links
- ✓ Bright Futures Guidelines

NHP New Member & EPSDT Resources

- ✓ Welcome Letters
- ✓ Pregnancy Resources
- ✓ Children & Youth Health Care Services (EPSDT) health information sheets
- ✓ Benefit Information
- ✓ Transportation
- ✓ Food Assistance Links
- ✓ Bright Futures Guidelines

https://hcpf.colorado.gov/epsdt

Why have Bright Futures national guidelines?

Having national guidelines helps all children and youth get the same care at their preventive visits. This helps to support their well-being and prevent illness.

The Bright Futures guidelines is dedicated to the health of all children by the American Academy of Pediatrics and provides age-specific guidelines for pediatric well-child visits from birth to age 21.

The guidelines are based on scientific evidence and are intended to improve the quality of preventive and primary care. They can be used in many public health programs, including childcare, home visiting, and school-based health clinics.

Bright Futures also provides materials for families to use as a framework when partnering with professionals about their children's health.

brightfutures.aap.org

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

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

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

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing		●[8]	●[9]	→		★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←			●[10]	→	←	●	→	←		●	→
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening[11]				●	●	●	●																									
Developmental Screening[12]								●			●		●																			
Autism Spectrum Disorder Screening[13]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[14]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]																						★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[16]																							●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																																
Newborn Blood		●[19]	●[20]	→																												
Newborn Bilirubin[21]		●																														
Critical Congenital Heart Defect[22]		●																														
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★															
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	●	→	★	★	★	★	★	←			●	→
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	●	→					
Hepatitis B Virus Infection[31]		★	→																													
Hepatitis C Virus Infection[32]																													●	→		
Sudden Cardiac Arrest/Death[33]																						★	→									
Cervical Dysplasia[34]																																●
ORAL HEALTH[35]							●[36]	●[36]	★		★	★	★	★	★	★	★															
Fluoride Varnish[37]							←				●	→				→																
Fluoride Supplementation[38]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (https://doi.org/10.1542/peds.2018-1218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (https://doi.org/10.1542/peds.2011-3552). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (https://doi.org/10.1542/peds.2015-0699).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (https://doi.org/10.1542/peds.2007-2329C).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (https://doi.org/10.1542/peds.2017-1904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (https://doi.org/10.1542/peds.2015-3596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (https://doi.org/10.1542/peds.2015-3597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (https://doi.org/10.1542/peds.2007-2333).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://doi.org/10.1542/peds.2018-3259).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://doi.org/10.1542/peds.2019-3449).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://doi.org/10.1542/peds.2019-3447).

(continued)

Well Visit Screening Components

Five Components of a Medical Screening:

1. Comprehensive health and developmental history that assesses for both physical and behavioral health, dental, vision, and hearing.
2. Comprehensive, unclothed physical examination;
3. Appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices;
4. Laboratory testing (including blood lead testing; and
5. Health education and anticipatory guidance for both the child and caregiver.

The RAEs are responsible to provide or arrange for screening services at established times and on an as needed basis.

INFANCY

- Between 0 – 9 months of age, there are 7 well visits.
- Most of the screenings are completed in the context of a well child visit.
- Members can contact the RAEs if they need assistance with finding a Primary Care Medical Provider (PCMP).
- PCMPs ensure that babies have a dental home at the showing of the first tooth.

	INFANCY							
AGE[1]	**Prenatal**[2]	**Newborn**[3]	**3-5 d**[4]	**By 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**
HISTORY Initial/Interval	●	●	●	●	●	●	●	●
MEASUREMENTS								
Length/Height and Weight		●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●
Body Mass Index[5]								
Blood Pressure[6]		★	★	★	★	★	★	★
SENSORY SCREENING								
Vision[7]		★	★	★	★	★	★	★
Hearing		●[8]	●[9] →			★	★	★
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH								
Maternal Depression Screening[11]				●	●	●	●	
Developmental Screening[12]								●
Autism Spectrum Disorder Screening[13]								
Developmental Surveillance		●	●	●	●	●	●	
Behavioral/Social/Emotional Screening[14]		●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]								
Depression and Suicide Risk Screening[16]								
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●
PROCEDURES[18]								
Newborn Blood		●[19]	●[20] →					
Newborn Bilirubin[21]		●						
Critical Congenital Heart Defect[22]		●						
Immunization[23]		●	●	●	●	●	●	●
Anemia[24]						★		
Lead[25]							★	★
Tuberculosis[27]				★			★	
Dyslipidemia[28]								
Sexually Transmitted Infections[29]								
HIV[30]								
Hepatitis B Virus Infection[31]		★ →						
Hepatitis C Virus Infection[32]								
Sudden Cardiac Arrest/Death[33]								
Cervical Dysplasia[34]								
ORAL HEALTH[35]							●[36]	●[36]
Fluoride Varnish[37]							←	
Fluoride Supplementation[38]							★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●

● To be performed

★ Risk-assessment to be performed with appropriate action to follow if appropriate

Bright Futures Priorities

Priorities for the First Week Visit (3 to 5 Days)

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health[a] (risks [living situation and food security, environmental tobacco exposure], strengths and protective factors [family support])
- Parent and family health and well-being (transition home, sibling adjustment)
- Newborn behavior and care (early brain development, adjustment to home, calming, when to call [temperature taking] and emergency readiness, CPR, illness prevention [handwashing, outings] and sun exposure)
- Nutrition and feeding (general guidance on feeding [weight gain, feeding strategies, holding, burping, hunger and satiation cues], breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, heatstroke prevention, safe sleep, safe home environment: burns)

[a] Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities theme*.

Screening First Week Visit (3 to 5 Days)

Universal Screening	Action	
Hearing	If not yet done, hearing screening test should be completed.[a]	
Newborn: Blood	Verify screening was obtained and review results of the state newborn metabolic screening test. Unavailable or pending results must be obtained immediately. If there are any abnormal results, ensure that appropriate retesting has been performed and all necessary referrals are made to subspecialists. State newborn screening programs are available for assistance with referrals to appropriate resources.	
Selective Screening	**Risk Assessment[b]**	**Action if Risk Assessment Positive (+)**
Blood Pressure	Children with specific risk conditions	Blood pressure measurement
Vision	+ on risk screening questions	Ophthalmology referral

[a] Any newborn who does not pass the initial screen must be rescreened. Any failure at rescreening should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state Early Intervention Program.

[b] See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

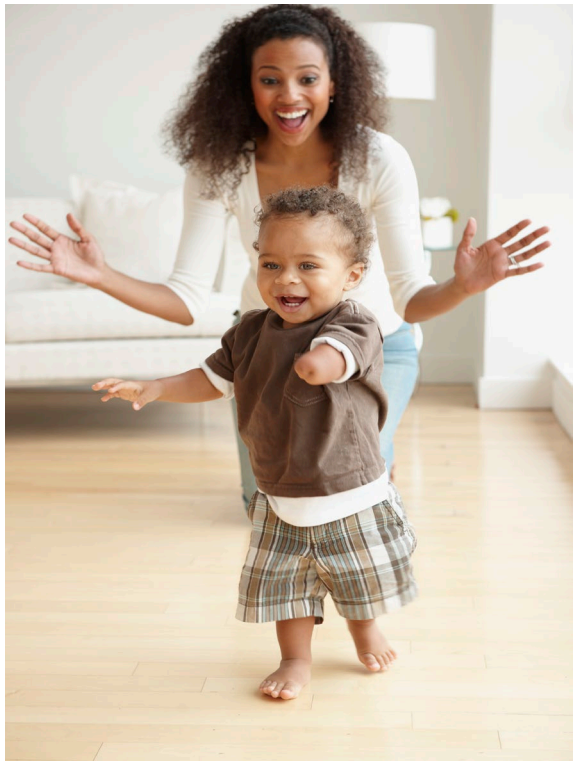
EARLY CHILDHOOD

- This time period on the chart is between 12 months and 4 years of age.
- There are five screenings recommended during 12 months and 2.5 years of age.
- Annual well visits are recommended age three to 20.
- Regular oral exams are recommended every six months.

	EARLY CHILDHOOD						
AGE[1]	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY Initial/Interval	●	●	●	●	●	●	●
MEASUREMENTS							
Length/Height and Weight	●	●	●	●	●	●	●
Head Circumference	●	●	●	●			
Weight for Length	●	●	●				
Body Mass Index[5]				●	●	●	●
Blood Pressure[6]	★	★	★	★	★	●	●
SENSORY SCREENING							
Vision[7]	★	★	★	★	★	●	●
Hearing	★	★	★	★	★	★	●
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH							
Maternal Depression Screening[11]							
Developmental Screening[12]			●		●		
Autism Spectrum Disorder Screening[13]			●	●			
Developmental Surveillance	●	●		●		●	●
Behavioral/Social/Emotional Screening[14]	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]							
Depression and Suicide Risk Screening[16]							
PHYSICAL EXAMINATION[17]	●	●	●	●	●	●	●
PROCEDURES[18]							
Newborn Blood							
Newborn Bilirubin[21]							
Critical Congenital Heart Defect[22]							
Immunization[23]	●	●	●	●	●	●	●
Anemia[24]	●	★	★	★	★	★	★
Lead[25]	● or ★[26]		★	● or ★[26]		★	★
Tuberculosis[27]	★			★		★	★
Dyslipidemia[28]				★			★
Sexually Transmitted Infections[29]							
HIV[30]							
Hepatitis B Virus Infection[31]							
Hepatitis C Virus Infection[32]							
Sudden Cardiac Arrest/Death[33]							
Cervical Dysplasia[34]							
ORAL HEALTH[35]	★		★	★	★	★	★
Fluoride Varnish[37]			●				
Fluoride Supplementation[38]	★		★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●

● To be performed
★ Risk-assessment to be performed with appropriate action to follow, if appropriate

Bright Futures Priorities



Screening 2 Year Visit

Universal Screening	Action	
Autism	Autism spectrum disorder screen	
Lead (high prevalence area or insured by Medicaid)	Lead blood test	
Oral Health (in the absence of a dental home)	Apply fluoride varnish every 6 months.	
Selective Screening	**Risk Assessment[a]**	**Action if Risk Assessment Positive (+)**
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Blood Pressure	Children with specific risk conditions or change in risk	Blood pressure measurement
Dyslipidemia	+ on risk screening questions	Lipid profile
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Lead (low prevalence area and not insured by Medicaid)	+ on risk screening questions	Lead blood test
Oral Health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Vision	+ on risk screening questions	Ophthalmology referral

[a] See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

Priorities for the 2 Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health[a] (risks [intimate partner violence; living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [parental well-being])
- Temperament and behavior (development, temperament, promotion of physical activity and safe play, limits on media use)
- Assessment of language development (how child communicates and expectations for language, promotion of reading)
- Toilet training (techniques, personal hygiene)
- Safety (car safety seats, outdoor safety, firearm safety)

[a] Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

Middle Childhood

- This period is between 5 and 10 years of age.
- Annual well visits are recommended.
- Most screenings are consistent at this stage.

	MIDDLE CHILDHOOD					
AGE[1]	5 y	6 y	7 y	8 y	9 y	10 y
HISTORY Initial/Interval	●	●	●	●	●	●
MEASUREMENTS						
Length/Height and Weight	●	●	●	●	●	●
Head Circumference						
Weight for Length						
Body Mass Index[5]	●	●	●	●	●	●
Blood Pressure[6]	●	●	●	●	●	●
SENSORY SCREENING						
Vision[7]	●	●	★	●	★	●
Hearing	●	●	★	●	★	●
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH						
Maternal Depression Screening[11]						
Developmental Screening[12]						
Autism Spectrum Disorder Screening[13]						
Developmental Surveillance	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[14]	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]						
Depression and Suicide Risk Screening[16]						
PHYSICAL EXAMINATION[17]	●	●	●	●	●	●
PROCEDURES[18]						
Newborn Blood						
Newborn Bilirubin[21]						
Critical Congenital Heart Defect[22]						
Immunization[23]	●	●	●	●	●	●
Anemia[24]	★	★	★	★	★	★
Lead[25]	★	★				
Tuberculosis[27]	★	★	★	★	★	★
Dyslipidemia[28]		★		★	←●	
Sexually Transmitted Infections[29]						
HIV[30]						
Hepatitis B Virus Infection[31]						
Hepatitis C Virus Infection[32]						
Sudden Cardiac Arrest/Death[33]						
Cervical Dysplasia[34]						
ORAL HEALTH[35]	★	★				
Fluoride Varnish[37]	→					
Fluoride Supplementation[38]	★	★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●

● To be performed

★ Risk-assessment to be performed with appropriate action to follow, if appropriate

Bright Futures Priorities

Priorities for the 7 and 8 Year Visits

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Middle Childhood Expert Panel has given priority to the following topics for discussion in the 7 and 8 Year Visits:

- Social determinants of health[a] (risks [neighborhood and family violence, food security, family substance use, harm from the Internet], strengths and protective factors [emotional security and self-esteem, connectedness with family and peers])
- Development and mental health (independence, rules and consequences, temper problems and conflict resolution; puberty and pubertal development)
- School (adaptation to school, school problems [behavior or learning issues], school performance and progress, school attendance, Individualized Education Plan or special education services, involvement in school activities and after-school programs)
- Physical growth and development (oral health [regular visits with dentist, daily brushing and flossing, adequate fluoride, avoidance of sugar-sweetened beverages and snacks], nutrition [healthy weight, adequate calcium and vitamin D intake, limiting added sugars intake], physical activity [60 minutes of physical activity a day, screen time])
- Safety (car safety, safety during physical activity, water safety, sun protection, harm from adults, firearm safety)

[a] Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

Screening—8 Year Visit

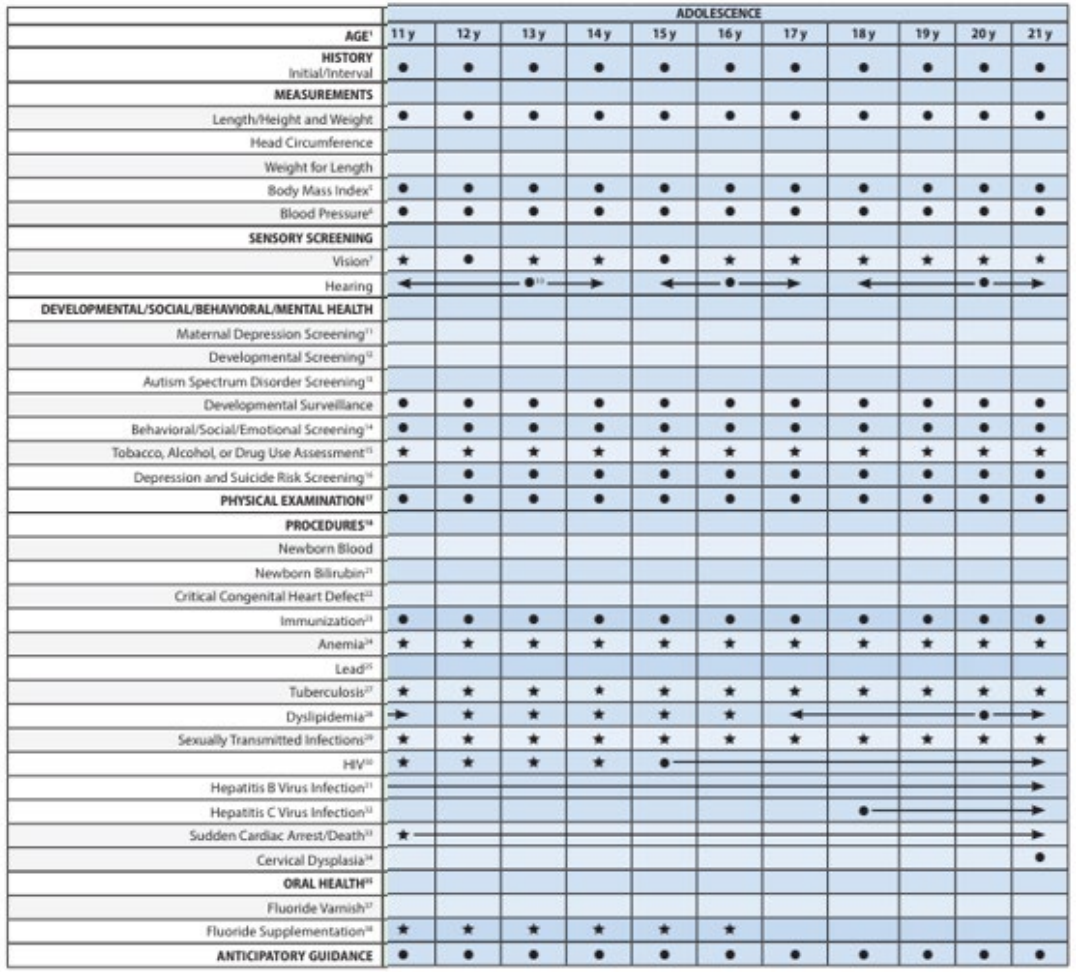
Universal Screening	Action	
Hearing	Audiometry	
Vision	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters	
Selective Screening	**Risk Assessment[a]**	**Action if Risk Assessment Positive (+)**
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia	+ on risk screening questions and not previously screened with normal results	Lipid profile
Oral Health	Primary water source is deficient in fluoride.	Oral fluoride supplementation
Tuberculosis	+ on risk screening questions	Tuberculin skin test

[a] See the *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

Adolescence

This period is 11 to 20 years of age.

Additional screenings begin during this age such as tobacco use, drug use, depression, suicide risk, and sexually transmitted infections (STIs).



	ADOLESCENCE										
AGE[1]	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS											
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●
Head Circumference											
Weight for Length											
Body Mass Index[5]	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING											
Vision[7]	★	●	★	★	●	★	★	★	★	★	★
Hearing	◄	◄	●[10]	►	◄	●	►	◄	◄	●	►
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH											
Maternal Depression Screening[11]											
Developmental Screening[12]											
Autism Spectrum Disorder Screening[13]											
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[14]	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]	★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[16]		●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[17]	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]											
Newborn Blood											
Newborn Bilirubin[21]											
Critical Congenital Heart Defect[22]											
Immunization[23]	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]	★	★	★	★	★	★	★	★	★	★	★
Lead[25]											
Tuberculosis[27]	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]	►	★	★	★	★	★	◄			●	►
Sexually Transmitted Infections[29]	★	★	★	★	★	★	★	★	★	★	★
HIV[30]	★	★	★	★	●						►
Hepatitis B Virus Infection[31]											►
Hepatitis C Virus Infection[32]								●			►
Sudden Cardiac Arrest/Death[33]	★										►
Cervical Dysplasia[34]											●
ORAL HEALTH[35]											
Fluoride Varnish[37]											
Fluoride Supplementation[38]	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●

● To be performed

★ Risk-assessment to be performed with appropriate action to follow, if appropriate

Bright Futures Priorities

Priorities for the 15 Through 17 Year Visits

The first priority is to address the concerns of the adolescent and the parents.

In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits.

The goal of these discussions is to determine the health care needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent in all the Middle Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are

- Social determinants of health[a] (risks [interpersonal violence, food security and living situation, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- Emotional well-being (mood regulation and mental health, sexuality)
- Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- Safety (seat belt and helmet use, driving, sun protection, firearm safety)

[a] Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

Screening 15 Through 17 Year Visits

Universal Screening	Action
Depression: Adolescent	Depression screen[a]
Dyslipidemia (once between 17 Year and 21 Year Visits)	Lipid profile
Hearing (once between 15 Year and 17 Year Visits)	Audiometry, including 6,000 and 8,000 Hz high frequencies
HIV (once between 15 Year and 18 Year Visits)	HIV test[b]
Tobacco, Alcohol, or Drug Use	Tobacco, alcohol, or drug use screen
Vision (15 Year Visit)	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Selective Screening	Risk Assessment[c]	Action if Risk Assessment Positive (+)
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Dyslipidemia (if not universally screened at this visit)	+ on risk screening questions and not previously screened with normal results	Lipid profile
HIV (if not universally screened at this visit)	+ on risk screening questions	HIV test[b]
Oral Health (through 16 Year Visit)	Primary water source is deficient in fluoride.	Oral fluoride supplementation
STIs		
▸ **Chlamydia**	Sexually active girls Sexually active boys + on risk screening questions	Chlamydia test
▸ **Gonorrhea**	Sexually active girls Sexually active boys + on risk screening questions	Gonorrhea test
▸ **Syphilis**	Sexually active and + on risk screening questions	Syphilis test
Tuberculosis	+ on risk screening questions	Tuberculin skin test

continued

Screening ***(continued)***

Selective Screening	Risk Assessment[c]	Action if Risk Assessment Positive (+)
Vision (16 and 17 Year Visits)	+ on risk screening questions	Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters

Abbreviations: AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.

[a] If depression screen is positive, further evaluation should be considered during the Bright Futures Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the *Anticipatory Guidance section* of this visit.

[b] Adolescents should be screened for STIs per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (**www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm**) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

[c] See *Evidence and Rationale chapter* for the criteria on which risk screening questions are based.

Questions on Bright Futures or Screenings?

Medical Necessity Standards Under EPSDT

Correct or Ameliorate

Services or devices that are medically necessary to correct or ameliorate a physical or mental condition must be provided, even if the service is not covered by the Medicaid state plan. Ameliorate means to improve or to prevent a condition from getting worse or to "make more tolerable."

Individualized/Person by Person

Medical necessity is different under EPSDT compared to the regular definition of medical necessity (8.076 and 8.280). It must be determined on a case-by-case individual basis. If it is medically necessary, it must be provided. **All** aspects of a child's needs must be considered including long-term needs and activities of daily living.

Prior Authorization

RAEs may require prior authorization to safeguard against unnecessary use of services, **however**, prior authorization cannot delay or deny medically necessary services.

No Fixed Limits

Hard or fixed limits on services cannot be imposed for children and youth 20 and under. There are no monetary caps, as long as the services meet EPSDT's medical necessity criteria. Note, for Medicaid limits to be exceeded, providers must document why it is medically necessary to exceed the limits to correct or ameliorate a defect, physical or mental illness or condition.

Source: EPSDT presentation by Gina Robinson

EPSDT Criteria – a service can only be covered if all 8 criteria are met:

EPSDT services must be a coverable services within the scope of those listed in the Medicaid Statute at 42 USC 1396d(a).

For example, "maintenance" and "rehabilitative services" are covered by EPSDT, even if the particular maintenance or rehabilitative services requested is not listed in Health First Colorado clinical policies or service definitions.

The service must be the most cost-effective mode so long as the less expensive service is equally effective and actually available. Health First Colorado may not deny medically necessary treatment to a member based on cost alone but may consider the relative cost effectiveness of alternatives as part of the prior authorization processes.

The service must be medically necessary to: Prevent; Diagnose; Evaluate; Correct; **Ameliorate,** or Treat a defect, physical or mental illness, or a condition diagnosed by the members PCMP, therapist or licensed practitioner.

Ameliorate means to improve or maintain the member's health in the best condition possible, compensate for a health problem, prevent it from worsening or prevent the development of additional health problems

Service must be safe

Service must be effective

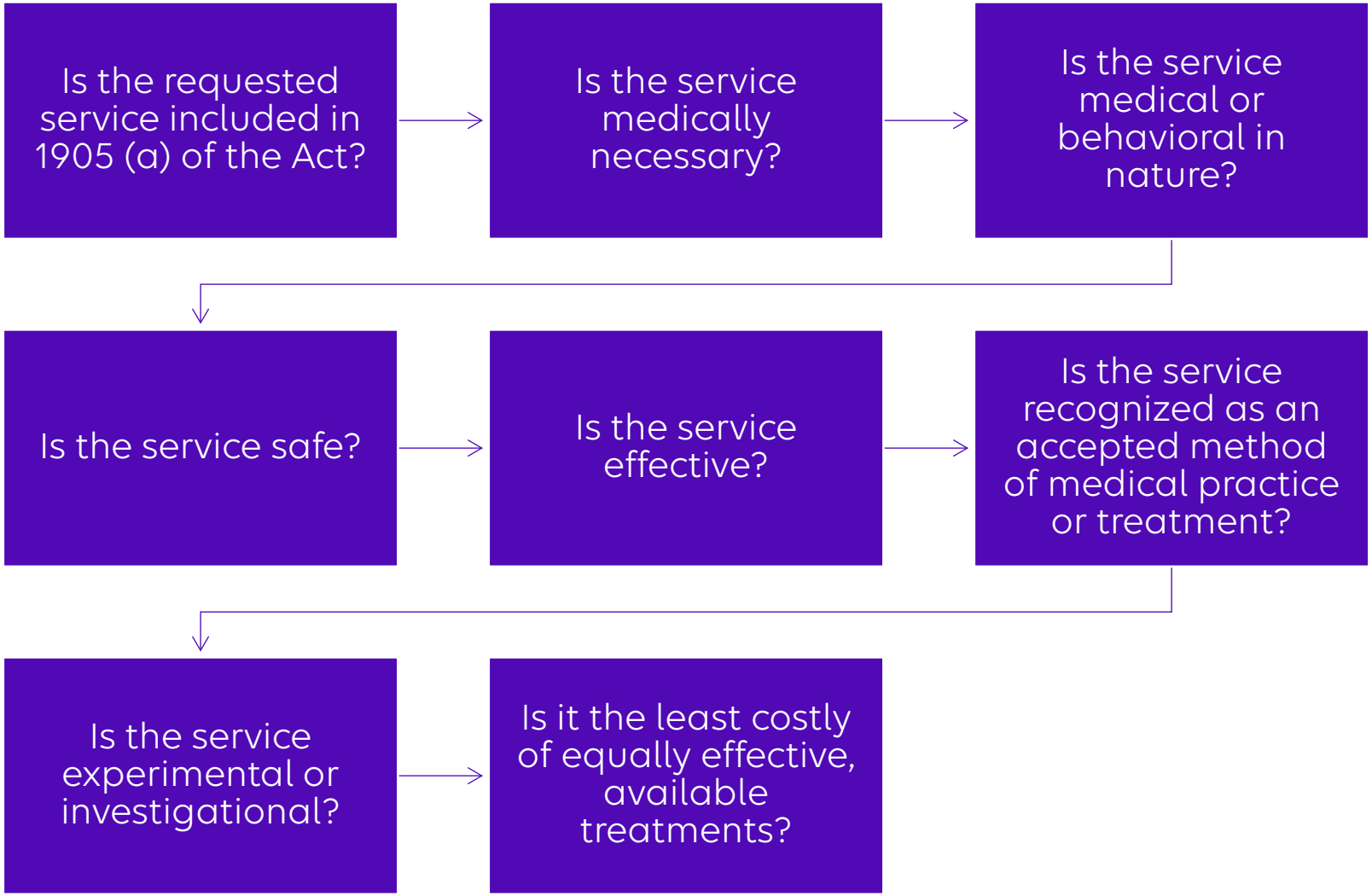
Service must not be experimental or investigational (add'l information on this)

Service must be determined to be medical or behavioral in nature

Service must be generally recognized as an accepted method of medical practice or treatment.

Obtained from June 2023 policy statement at https://hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and-treatment-epsdt

Questions to consider based on 8 criteria for EPSDT:



Source: Gina Robinson's Presentation

Prior Authorizations for Covered Services

1. If a service, product, or procedure requires prior approval, the fact that a member is under 21 years of age does not eliminate the need for this approval.

2. If prior approval is requested and if the member does not meet the clinical coverage criteria or needs to exceed clinical coverage policy limits, providers should submit documentation to the appropriate vendor or contractor with the prior approval request that shows how the service at the requested frequency and amount is medically necessary and meets all EPSDT criteria.

3. The medically necessary criteria includes services/products/procedures to prevent, diagnose, evaluate, correct, ameliorate, or treat a physical or mental illness or condition.

4. The General Provider Information Manual contains instructions for requesting prior authorization for services paid under fee-for-service Medicaid.

5. The provider is required to produce information as needed.

1905 (a) – see https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/HealthCareFinancingReview/Downloads/CMS1191224dl.pdf

Non-Covered Services and EPSDT

1. Requests for non-covered services are requests for services, products or procedures that are not included in the Health First Colorado State Plan but are coverable under federal Medicaid law for members under 21 years of age.
2. Service requests for non-covered state Medicaid plan services and requests for a review when there is no established review process for a requested service, should be submitted to HCPF_EPSDT@state.co.us email box. See: EPSDT Exception Coverage Request Form on HCPF's website.
3. Requests where there are established review processes should be submitted to the appropriate system, such as Colorado Pars Form for State Plan services and other EPSDT coverage.

A request for a non-covered state Medicaid plan service includes a determination that ALL EPSDT criteria are met.

1905 (a) – see https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/HealthCareFinancingReview/Downloads/CMS1191224dl.pdf

EPSDT Coverage and Waiver Programs

- Home and Community-Based Services (HCBS) are available only to participants in the waiver programs and are not part of the EPSDT benefit.
- Any member enrolled in a waiver program can receive BOTH waiver services and EPSDT services.
- EPSDT services must be provided to members under 21 years of age in a waiver program under the same standards as others under-21 members receiving Medicaid services.

“Just Ask” if it may be covered under EPSDT

A best practice may be as simple as linking an EPSDT-eligible member with a care coordinator. Just call the toll-free number at HCI or NHP to make a referral for care coordination or link to our websites. Also, if you experience any barriers with EPSDT benefits, contact your RAE.

HCI: 888-502-4185 or Care Coordination Referral

NHP: 888-502-4189 or Care Coordination Referral

Chapter 02

Benefits Updates

Keep Coloradans Covered – HB22-1289

- ✓ On January 1, 2025, a new law called “Cover All Coloradans” went into effect. This law helps all qualifying children and pregnant people get health coverage, no matter what their immigration status is.
- ✓ Eligibility criteria has not changed.
- ✓ These newly eligible populations will get the same support and services provided to Health First Colorado and Child Health Plan Plug (CHP+) members.

- Email: hcpf_coverallco@state.co.us
- Newsletter: https://lp.constantcontactpages.com/su/UzY7aDO
- Cover all Coloradans Website: https://hcpf.colorado.gov/coverallcoloradans

Transportation

- ✓ Intelliride is now Transdev Health Solutions. https://transdevhealthsolutions.com/colorado/
- ✓ May shift to a one vendor model for the entire state
- ✓ Over 25 mileage form – the state is considering expanding this to 50 miles
- ✓ The Child Accompaniment Rule has been in effect since August 30, 2024. This rule will allow children and siblings under age 18 or dependent adults to travel with parents/caregivers to medical appointments.


carelon
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Behavioral Health

Chapter 03

Updates

Carelon Training Webinars - Monthly

Carelon offers monthly training webinars for providers. Here are examples of webinars scheduled for this month.

You can register for any of these trainings by going to:

https://www.carelonbehavioralhealth.com/providers/resources/trainings

Carelon Provider Orientation
Tuesday, January 14th at 12pm EST

eServices Overview
Wednesday, January 15th at 12pm EST

ProviderConnect Overview
Wednesday, January 22nd at 12pm EST

Claims Submission Guidance
Wednesday, January 29th at 12pm EST

Carelon Training Webinars - Quarterly

Carelon also offers quarterly training webinars for providers. Here are examples of these webinars scheduled for this month.

You can register for any of these trainings by going to:

https://www.carelonbehavioralhealth.com/providers/resources/trainings

Dual Diagnosis: Substance Use & Mental Health Disorders
Thursday, January 16th at 3pm EST

Youth Behavioral Health 101
Wednesday, January 29th at 3pm EST

January Department of Health Care Policy and Financing (HCPF) Trainings Examples

Provider Enrollment Training- Wednesday, Jan 8, 2025. 10-11:30 a.m.

Beginner Billing Training: Institutional Claims (UB-04)- Thursday, Jan 9, 2025. 9-11 a.m.

Beginner Billing Training: Professional Claims (CSM 1500)- Tuesday, Jan 14, 2025. 9-11:30 a.m.

Intermediate Billing Training- Thursday, Jan 23, 2025. 9-10:30 a.m.

Beginner Billing Training: Professional Claims (CMS 1500)- Wednesday, Jan 29, 2025. 8:30-11 a.m.

For a full list of trainings, resources, and calendars of trainings please visit the HCPF website: https://hcpf.colorado.gov/provider-training

Chapter 04

Reminders, Questions & Open Discussion

Carelon Resources – How to connect…

Email Colorado Provider Relations at:
CoProviderRelations@carelon.com

Call the National Provider Service Line (NPSL) at:
800-397-1630

Carelon Resources – Forms and Guides

https://www.carelonbehavioralhealth.com/providers/forms-and-guides

Billing and claims

- Tip Sheets for how to complete billing forms

Change Request Forms

- Change of Address Forms, Facility Location Service Forms (LSF)

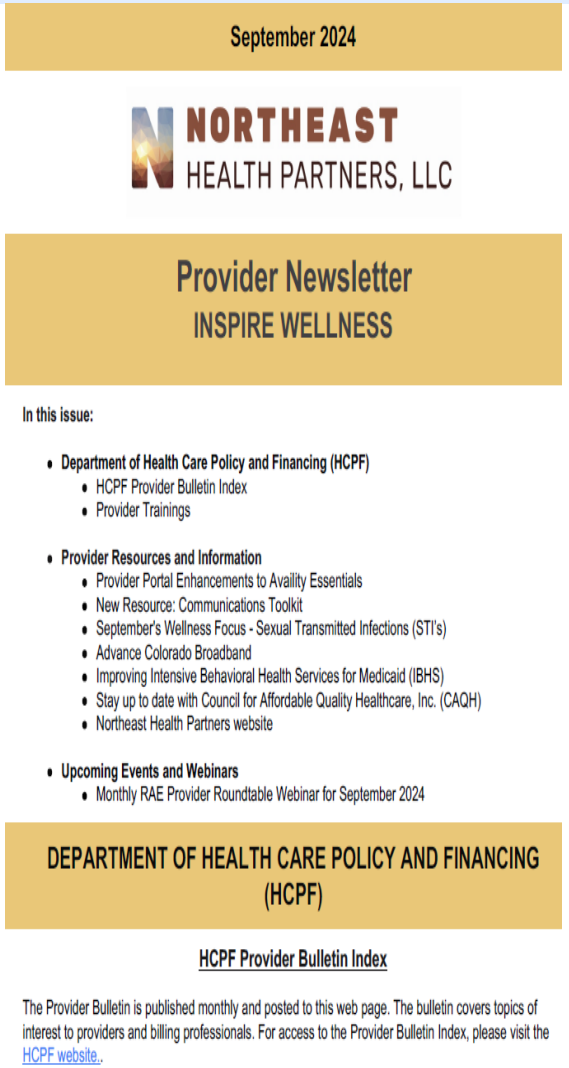
Clinical Forms

Stay Up To Date

Every month we provide a Newsletter that has information for providers- including upcoming webinars,
events, updates, and resources.

Be sure to check out the Inspire Wellness newsletter!

To sign up please email:
CoProviderRelations@carelon.com



September 2024

NORTHEAST HEALTH PARTNERS, LLC

Provider Newsletter
INSPIRE WELLNESS

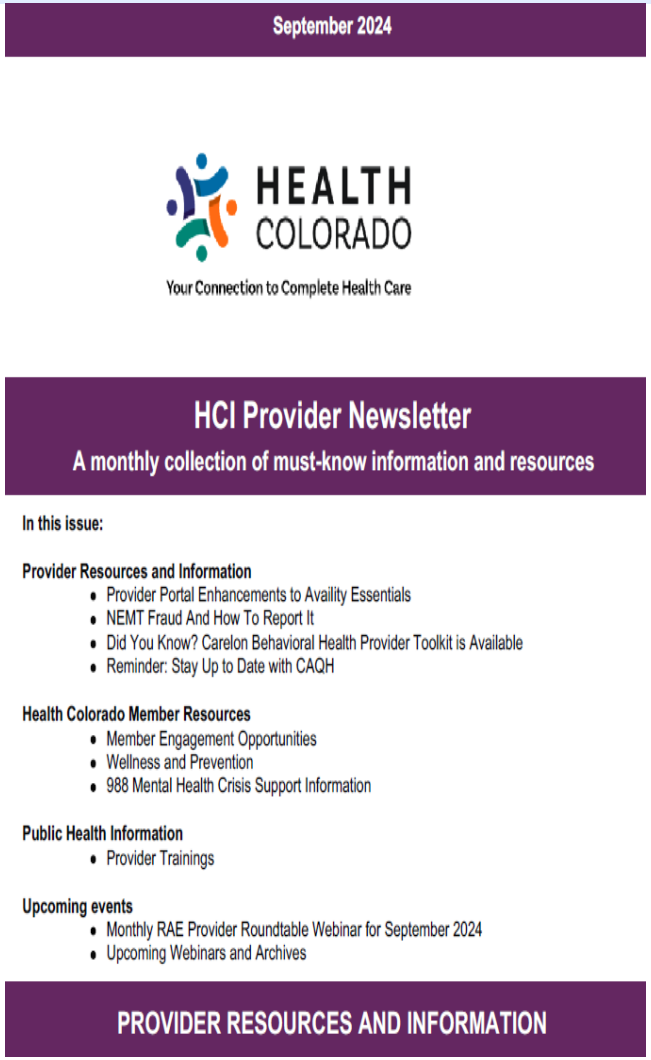
In this issue:

- Department of Health Care Policy and Financing (HCPF)
  - HCPF Provider Bulletin Index
  - Provider Trainings
- Provider Resources and Information
  - Provider Portal Enhancements to Availity Essentials
  - New Resource: Communications Toolkit
  - September's Wellness Focus - Sexual Transmitted Infections (STI's)
  - Advance Colorado Broadband
  - Improving Intensive Behavioral Health Services for Medicaid (IBHS)
  - Stay up to date with Council for Affordable Quality Healthcare, Inc. (CAQH)
  - Northeast Health Partners website
- Upcoming Events and Webinars
  - Monthly RAE Provider Roundtable Webinar for September 2024

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (HCPF)

HCPF Provider Bulletin Index

The Provider Bulletin is published monthly and posted to this web page. The bulletin covers topics of interest to providers and billing professionals. For access to the Provider Bulletin Index, please visit the HCPF website..



September 2024

HEALTH COLORADO
Your Connection to Complete Health Care

HCI Provider Newsletter
A monthly collection of must-know information and resources

In this issue:

Provider Resources and Information
- Provider Portal Enhancements to Availity Essentials
- NEMT Fraud And How To Report It
- Did You Know? Carelon Behavioral Health Provider Toolkit is Available
- Reminder: Stay Up to Date with CAQH

Health Colorado Member Resources
- Member Engagement Opportunities
- Wellness and Prevention
- 988 Mental Health Crisis Support Information

Public Health Information
- Provider Trainings

Upcoming events
- Monthly RAE Provider Roundtable Webinar for September 2024
- Upcoming Webinars and Archives

PROVIDER RESOURCES AND INFORMATION

NORTHEAST HEALTH PARTNERS, LLC | HEALTH COLORADO
Your Connection to Complete Health Care

Upcoming Training

The Next RAE Roundtable

The 2nd Friday of the month

February 14, 2025

11am

Thank you

Contact Us

888-502-4189

www.northeasthealthpartners.org

northeasthealthpartners@carelon.com

https://www.facebook.com/northeasthealthpartners.org/

888-502-4185

www.healthcoloradorae.com

healthcolorado@carelon.com

https://www.facebook.com/healthcoloradorae/

NORTHEAST HEALTH PARTNERS, LLC

HEALTH COLORADO
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