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

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Provider outreach manual:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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I. Early and Periodic Screening, Diagnostic and Treatment Program
Early And Periodic Screening, Diagnostic and Treatment (EPSDT) Services

Description
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention, treatment, correction, and improvement (amelioration) of physical and behavioral/mental health conditions for AHCCCS members under 21 years of age. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid members in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS members less than 21 years of age.

EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary, mandatory, and optional services listed in Federal Law 42 USC 1396d (a) to correct or ameliorate defects and physical and behavioral/mental illnesses and conditions identified in an EPSDT screening, whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

A well-child visit is synonymous with an EPSDT visit. EPSDT services include all screenings and services are referenced in the AHCCCS EPSDT Periodicity Schedule (Exhibit 430-1) and AHCCCS Dental Periodicity Schedule (Exhibit 431-1).

Providers must use the EPSDT Tracking Forms provided by AHCCCS Contractors (or electronic equivalent that includes all components found in the hard copy form) at every EPSDT visit. Mercy Care will continue to provide two part carbonless EPSDT Tracking Forms to providers.

AHCCCS redesigned the EPSDT Tracking Forms in May 2019; the redesign is to provide a more targeted approach on the screenings and referrals that members are receiving.

Only AHCCCS EPSDT Tracking forms may be used; paper form substitutes are not acceptable. The provider still has the option to use electronic health record system forms, as long as the electronic form includes all components present on the AHCCCS EPSDT Tracking form.

Providers may also choose to print the EPSDT Tracking Form from the AHCCCS website at: http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap400.pdf.

Please refer to the Claims Processing Manual, Chapter 3 – Early Periodic Screen and Developmental Testing (EPSDT) on Mercy Care’s website for specific claim codes.

Requirements for EPSDT Providers
PCPs are required to comply with regulatory requirements and Mercy Care preventative requirements which include:

- Documenting immunizations within 30 days of administration into Arizona State Immunization Information System (ASIIS) and enroll every year in the Vaccine for Children Program.
- Providing all screening services according to the AHCCCS Periodicity Schedule and community standards of practice. The Periodicity Schedule can be viewed by accessing the AHCCCS’ website.
- Ensuring all infants receive both the first and second newborn screening tests. Specimens for the second test may be drawn at the PCP’s office and mailed directly to the Arizona State Laboratory, or the member may be referred to Mercy Care’s contracted laboratory for the draw.
• Using current AHCCCS standardized EPSDT tracking forms to document services provided and compliance with AHCCCS standards. The EPSDT Tracking Forms are available on Mercy Care’s website under Forms, www.MercyCareAZ.org. They are also available on the AHCCCS website, www.azahcccs.gov.
• Sending copies of EPSDT Tracking Forms to Mercy Care on a monthly basis. Please send forms by mail to: 4755 S 44th Place, Phoenix, AZ 85040- Attn: Quality Management or fax the forms to 602-431-7157.
• Using all clinical encounters to assess the need for EPSDT screening and/or services.
• Documenting in the medical record the member’s decision not to participate in the EPSDT program, if appropriate.
• Making referrals for diagnosis and treatment when necessary and initiate follow-up services within 60 days.
• Scheduling the next appointment at the time of the current office visit for children 24 months of age and younger.
• Reporting all EPSDT encounters on required claims forms, using the Preventive Medicine Codes.
• Referring Mercy Care members (Acute and DD) to Children’s Rehabilitative Services (CRS) when they have conditions covered by the CRS program.
• Referring members to WIC, AzEIP and Head Start as appropriate.
• Initiating and coordinating referrals to behavioral health providers as necessary.

An EPSDT screening includes the following basic elements:
• Comprehensive health and developmental history, including growth and development screening (includes physical, nutritional and behavioral health assessments).
• Developmental screening (using an AHCCCS approved developmental screening tool) for members age 9, 18 and 24 months.
• Comprehensive unclothed physical examination.
• Appropriate immunizations according to age and health history.
• Laboratory tests appropriate to age and risk for the following: blood lead, tuberculosis skin testing, anemia testing and sickle cell trait. Lab testing is not limited to the four tests listed in the policy; they are just noted as being included as part of the EPSDT services.
• Health education and counseling about child development, healthy lifestyles and accident and disease prevention.
• Appropriate dental screening and referral.
• Fluoride varnish application every six months (by providers who have completed training) for members age 6-24 months with at least one tooth eruption.
• Appropriate vision and hearing/speech testing.
• Obesity screening using the BMI percentile for children.
• Anticipatory guidance. The PCP is responsible for ensuring that health counseling and education are provided at each EPSDT visit. Anticipatory guidance should be provided so that parents or guardians know what to expect in terms of the child’s development. In addition, information should be provided regarding accident and disease prevention, and the benefits of a healthy lifestyle.

Periodic Screenings
The AHCCCS EPSDT Periodicity Schedule specifies the screening services to be provided at each stage of the child’s development. The AHCCCS EPSDT Periodicity Schedule (Exhibit 430-1) can be viewed on the AHCCCS website. This schedule follows the Center for Disease Control (CDC) recommendation.

Children may receive additional inter-periodic screening at the discretion of the provider. Mercy Care does not limit the number of well-child visits that members under age 21 receive. Claims should be billed with the following CPT/ICD-9-CM Diagnosis (prior to 10/1/15) or ICD-10-CM Diagnosis (effective 10/1/15 and after) Codes based on age appropriateness:
Well-visit ages for new patients

<table>
<thead>
<tr>
<th>New Patients</th>
<th>CPT Codes</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (Younger than 1 Year)</td>
<td>99381</td>
<td>Z00.110 Z00.111 Z00.121 Z00.129</td>
</tr>
<tr>
<td>1-4 Years</td>
<td>99382</td>
<td>Z00.121 Z00.129</td>
</tr>
<tr>
<td>5-11 Years</td>
<td>99383</td>
<td>Z00.121 Z00.129</td>
</tr>
<tr>
<td>12-17 Years</td>
<td>99384</td>
<td>Z00.121 Z00.129</td>
</tr>
<tr>
<td>18 Years or Older</td>
<td>99385</td>
<td>Z00.00 Z00.01</td>
</tr>
</tbody>
</table>

Well-visit ages for established patients

<table>
<thead>
<tr>
<th>Established Patients</th>
<th>CPT Codes</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant (Younger than 1 Year)</td>
<td>99391</td>
<td>Z00.110 Z00.111 Z00.121 Z00.129</td>
</tr>
<tr>
<td>1-4 Years</td>
<td>99392</td>
<td>Z00.121 Z00.129</td>
</tr>
<tr>
<td>5-11 Years</td>
<td>99393</td>
<td>Z00.121 Z00.129</td>
</tr>
<tr>
<td>12-17 Years</td>
<td>99394</td>
<td>Z00.121 Z00.129</td>
</tr>
<tr>
<td>18 Years or Older</td>
<td>99395</td>
<td>Z00.00 Z00.01</td>
</tr>
</tbody>
</table>

Well-child visits for sports and other activities should be based on the most recent EPSDT well-child visit, as the annual well-child visits are comprehensive and should include all of the services required for sports or other activities. AHCCCS does not cover sports or other physicals solely for that purpose. If it can be combined with a regularly scheduled EPSDT visit, it is covered, though no additional payment would be allowable for completing the school or other organization paperwork that would allow the child to participate in the activity.

**Oral health care (EPSDT age members)**

As part of the physical examination, the physician, physician’s assistant or nurse practitioner must perform an oral health screening. The PCP must screen children less than three years of age at each visit to identify those who require a dental referral for evaluation and treatment. A screening is intended to identify gross dental or oral lesions, but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan.

In addition to screening, members should make their first dental appointment by age one and every six months thereafter. This aligns with the AHCCCS Dental Periodicity schedule. The AHCCCS Dental Periodicity Schedule must be followed due to the high caries rate in children in Arizona where 32% have experienced tooth decay by age 3. FFS members shall be referred to a dental provider by one year of age by their PCP and members enrolled with a Contractor shall be assigned to a Dental Home by one year of age. All members shall receive care by a dental provider for routine preventive care (please see dental periodicity schedule). Members shall also be referred for additional oral health care requiring additional evaluation and/or treatment. Documented dental findings and treatment must be included in the member’s medical record in the PCP’s office. Depending on the results of the oral health screening, referral to a dentist should be made according to the following timeframes:

**Urgent** - (Within 24 hours) Pain, infection, swelling and/or soft tissue ulceration of approximately two weeks duration or longer

**Early** - (Within three weeks) Decay without pain, spontaneous bleeding of the gums and/or suspicious white or red tissue areas

**Routine** - (Next regular checkup) none of the above problems identified.

The member’s parent or guardian may also self-refer and schedule dental appointments for the member with any Mercy Care contracted general dentist. They may go directly to the dentist without seeing the PCP first and no authorization is required.
An oral health screening must be part of an EPSDT screening conducted by a PCP. However, it does not substitute for examination through direct referral to a dentist. PCPs must refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule. Evidence of this referral must be documented on the EPSDT Tracking Form and in the member’s medical record.

**PCP Application of Fluoride Varnish**

Effective 4/1/2014, a change was made to the AHCCCS Medical Policy Manual (AMPM) under Policy 431 - EPSDT Oral Health Care. The change advises that the physician, physician’s assistant or nurse practitioner must perform an oral health screening as part of the EPSDT physical examination. Please refer to this document if you have further questions about this change.

Physicians who have completed the AHCCCS required training may be reimbursed for fluoride varnish applications completed at the EPSDT visit for recipients who are at least 6 months of age, with at least 1 tooth eruption. Additional applications occurring every 6 months during an EPSDT visit, up until the recipient’s 2nd birthday, will also be reimbursed.

PCPs and attending physicians must refer EPSDT recipients to a dentist for appropriate services based on the needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule (AMPM Exhibit 431-1). Evidence of the referral must be documented on the ESPDT Tracking Form and in the recipient’s medical record.

Recipients must be assigned to a dental home by one year of age and seen by a dentist for routine preventative care according to the AHCCCS EPSDT Periodicity Schedule. The physician may refer EPSDT recipients for a dental assessment at an earlier age, if their oral health screening reveals potential carious lesions or other conditions requiring assessment and/or treatment by a dental professional. In addition to physician referrals, EPSDT recipients are allowed self-referral to an AHCCCS registered dentist.

AHCCCS recommended training for fluoride varnish application is located at the Smiles For Life website under Training Module 6 that covers caries risk assessment, fluoride varnish and counseling. Upon completion of the required training, providers should submit a copy of their certificate to CAQH. This certificate will be used in the credentialing process to verify completion of training necessary for reimbursement.

An oral health screening must be part of an EPSDT screening conducted by a PCP. However, it does not substitute for examination through direct referral to a dentist. PCPs must refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule. Evidence of this referral must be documented on the EPSDT Tracking Form and in the member’s medical record. Please use the following CPT code for billing this service: 99188-application of topical fluoride varnish by a physician or other qualified health care professional.

Please refer to our Claims Processing Manual, Chapter 3 – Early and Periodic Screen and Developmental Testing (EPSDT), Section 3.3 – PCP Application of Fluoride Varnish for additional claims processing information.

**Developmental Screening**

All qualified medical professionals must provide proof of certification to the Council for Affordable Quality Healthcare (CAQH). The CAQH fax cover sheet should be used to send the required documentation of your completed training to CAQH. Web site for CAQH is http://www.caqh.org phone number for CAQH is 888-599-1771. Please use the code O14, Formal Post-Graduate Training Certificates, when providing your documentation. The health plans that you contract with will use the CAQH data base to conduct random audits to ensure provider compliance with the AHCCCS training requirement. Certificates dated before August 1, 2014 will be accepted. A list of available training resources may be found in the Arizona Department of Health Services Website at www.azdhs.gov/clinicians/training-opportunities/developmental/index.php.
PCPs shall use AHCCCS approved tools. PCPs shall be trained in the use and scoring of the Developmental Screening tools, as indicated by the American Academy of Pediatrics. The Developmental Screening shall be completed for EPSDT members from birth until three years of age during the nine month, 18 month and 24 month EPSDT visits.

Developmental screenings are part of the EPSDT services and are appropriate at any time they are indicated during the EPSDT period. Developmental surveillance should be part of every EPSDT visit, and if concerns are noted, further screenings would be indicated.

- **Ages and Stages Questionnaires™ Third Edition (ASQ)** is a tool which is used to identify developmental delays in the first 5 years of a child’s life. The sooner a delay or disability is identified, the sooner a child can be connected with services and support that make a real difference [www.agesandstages.com](http://www.agesandstages.com). Age range: Birth to 5 years of age.
- **Ages and Stages Questionnaires®: Social-Emotional (ASQ:SE)** is a tool which is used to identify developmental delays for social-emotional screening.
- **Modified Checklist for Autism in Toddlers (M-CHAT)** may be used only as a screening tool by a primary care provider, for members 16-30 months of age, to screen for autism when medically indicated [www.firstsigns.org](http://www.firstsigns.org). Age range: 15 to 30 months.
- **The Parents’ Evaluation of Developmental Status (PEDS)** may be used for developmental screening of EPSDT-aged members [www.pedtest.com](http://www.pedtest.com) or [www.Forepath.org](http://www.Forepath.org). Age range: Birth to 8 years of age.
- Providers may bill for this service as long as the following criteria is met:
  - The member’s EPSDT visit is at either 9, 18, or 24 months;
  - Prior to providing the service, the provider is required to complete the required training for the developmental screening tool being utilized and submit a copy of the training certificate to CAQH.
  - The code is appropriately billed (96110-EP). Copies of the completed tools must be retained in the medical record.
  - In order to encourage early screenings and ensure that developmental delays are found early, developmental screenings (using AHCCCS-approved tools) can be billed separately with an EP modifier at the 9, 18, and 24-month visit when the provider has had the appropriate trainings.
  - In addition, only for these EPSDT visits, may the 96110-EP code be used twice for the same visit when clinical circumstances warrant more than one tool is used during the visit.

Providers should calculate each child’s BMI starting at age 24 months until the member is 21 years old. Body mass index is used to assess underweight, overweight, and those at risk for overweight. BMI for children is gender and age specific. PCPs are required to calculate the child’s BMI and percentile. Percentiles are the most commonly used clinical indicator to assess the size and growth patterns of individual children in the United States. Percentiles rank the position of an individual by indicating what percent of the reference population the individual would equal or exceed. For assistance with calculating percentiles, please go to [https://www.cdc.gov/growthcharts/growthchart_faq.html](https://www.cdc.gov/growthcharts/growthchart_faq.html).

Additional information is available at the CDC website regarding [Body Mass Index (BMI)](https://www.cdc.gov/growthcharts/growthchart_faq.html).

The following established percentile cutoff points are used to identify underweight and overweight in children:
- Underweight- BMI for age <5th percentile
- At risk of Overweight- BMI for age 85th percentile to <95th percentile
- Overweight- BMI for age > 95th percentile

If a child is determined to be below the 5th percentile, or above the 85th percentile, the PCP should provide guidance to the member’s parent or guardian regarding diet and exercise for the child.

Additional services may be provided or referrals made if medically necessary.
Additional resources available for your review regarding the prevention of childhood obesity include:

- AAP Institute for Healthy Childhood Weight  
  [https://ihcw.aap.org/Pages/default.aspx](https://ihcw.aap.org/Pages/default.aspx)
- AAP Clinical Report: The Role of the Pediatrician in Primary Prevention of Obesity  
  [http://pediatrics.aappublications.org/content/pediatrics/early/2015/06/23/peds.2015-1558.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/early/2015/06/23/peds.2015-1558.full.pdf)
- ADHS  
- AzAAP Childhood Obesity Committee Toolkit  
- CDC BMI Assessment  
- AAP Institute for Healthy Childhood Weight  
  [https://ihcw.aap.org/Pages/default.aspx](https://ihcw.aap.org/Pages/default.aspx)  
- AAP Clinical Report: The Role of the Pediatrician in Primary Prevention of Obesity  
  [http://pediatrics.aappublications.org/content/pediatrics/early/2015/06/23/peds.2015-1558.full.pdf](http://pediatrics.aappublications.org/content/pediatrics/early/2015/06/23/peds.2015-1558.full.pdf)

**Other Screenings**

**Eye Examinations and Prescriptive Lenses**

EPSDT includes eye exams and prescriptive lenses to correct or ameliorate defects, physical illness and conditions. PCPs are required to perform basic eye exams and refer members to the contracted vision provider for further assessment. Ocular photo screening with interpretation and report, bilateral (CPT code 99177) is covered for children ages three to six as part of the EPSDT visit due to challenges with a child's ability to cooperate with traditional chart-based vision screening techniques. Ocular photo screening is limited to a lifetime coverage limit of one.

**Hearing/Speech Screening**

Hearing evaluation consists of appropriate hearing screens given according to the EPSDT schedule. Evaluation consists of history, risk factors, parental questions and impedance testing.

- Pure-tone testing should be performed when medically necessary.
- Speech screening shall be performed to assess the language development of the member at each EPSDT visit. Effective June 1, 2017, hearing screenings and follow-up services for babies born in 2017 will be handled by The EAR Foundation of AZ. Please contact the Office of Newborn Screening at hearing@azdhs.gov 602-364-1409 or The EAR Foundation of Arizona at ehdi@earfoundationaz.com 602-491-2300 with questions.

**Tb Monitoring & Testing Requirements**

- Tuberculin skin testing should be performed as appropriate to age and risk. Children at increased risk of tuberculosis (TB) include those who have contact with persons:
  - Confirmed or suspected of TB
  - In jail during the last five years
  - Living in a household with an HIV-infected person or the child is infected with HIV and
  - Traveling/emigrating from, or having significant contact with persons indigenous to, endemic countries.

**Lead Screenings**

- All children 6 months to 6 years old are recommended to have a verbal lead screening completed at each EPSDT visit. Those screening results should help identify members who are at increased risk for blood lead poisoning and in need of a blood lead test.
- All Children ages 12 and 24 months of age Must have a blood lead test. In addition, children between the ages of 24 months and 72 months of age who have not been previously tested, or who missed either the 12 month or 24 month test, must have a blood lead test.
- In accordance with the AHCCCS Medical Policy Manual (AMPM), additional testing for children less than 6 years of age is based on the child’s risk as determined by either the residential zip code or presence of other known risk-factors. For a complete list of high risk zip codes please visit Arizona Department of Health Services at www.azdhs.gov/leadmap.
Sick visit performed in addition to an EPSDT visit

- Billing of a “sick visit” (CPT Codes 99201-99215) at the same time as an EPSDT is a separately billable service if:
  - An abnormality is encountered or a preexisting problem is addressed in the process of performing an EPSDT service and the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service.
  - The “sick visit” is documented on a separate note.
  - History, Exam, and Medical Decision Making components of the separate “sick visit” already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99201-99215).
  - The current status (not history) of the abnormality or preexisting condition is the basis of determining medical necessity.

- **Modifier 25 must be added to the Office/Outpatient code** to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service.

- **Acute diagnosis codes not applicable to the current visit should not be billed.**

**AzEIP**

The Arizona Early Intervention Program (AzEIP) is an early intervention program that offers a statewide system of support and services for children birth through three years of age and their families who have disabilities or developmental delays. This program was jointly developed and implemented by AHCCCS and the Arizona Early Intervention Program (AzEIP) to ensure the coordination and provision of EPSDT and early intervention services, such as physical therapy, occupational therapy, speech/language therapy and care coordination under Sec. 1905 [42 U.S.C 1396d]. Concerns about a child’s development may be initially identified by the child’s Primary Care Provider or by AzEIP. Mercy Care coordinates with AzEIP to ensure that members receive medically necessary EPSDT services in a timely manner to promote optimum child health and development. For additional information, please contact the Mercy Care AzEIP Coordinator.

**VFC & ASIIS**

Providers must coordinate with the Arizona Department of Health Services (ADHS) Vaccines for Children (VFC) program in the delivery of immunization services. Immunizations must be provided according to the Advisory Committee on Immunization Practices Recommended Schedule and be up-to-date. Providers are required to coordinate with the Arizona Department of Health Services (ADHS) Vaccine for Children (VFC) program to obtain vaccines for Mercy Care members who are 19 years of age and under.

- AHCCCS Providers must **enroll and re-enroll** annually with the VFC program in order to see Medicaid EPSDT aged members, in accordance with AHCCCS Contract requirements
- AHCCCS Providers shall not utilize AHCCCS funding to purchase vaccines covered through the VFC program for members younger than 19 years of age.
- AHCCCS Providers must document each EPSDT age member’s immunizations in the Arizona State Immunization Information System (ASIIS) registry within 30 days of administration.
- AHCCCS Providers must maintain the ASIIS immunization records of each EPSDT member in ASIIS, in accordance with A.R.S. Title 36, Section 135.
- **October 1, 2012** a policy change with the VFC program went into effect. With this update, federal vaccines can no longer be used to immunize privately insured children. Although a newborn may be eligible for Medicaid, hospitals cannot make an absolute determination that a newborn is not also eligible for private insurance at the time that this immunization would be administered. Because of this, the hospitals face the potential of administering VFC vaccines to newborns against the federal requirements. Since many hospitals have dis-enrolled from the VFC program due to this new policy, newborns who are delivered at the facilities may not receive the birth dose of the Hepatitis B vaccine.
- Mercy Care requests that all primary care providers and pediatricians caring for newborns review each member’s immunization records fully upon the initial visit, and subsequent follow-up visits, regardless of
where the child was delivered. It is our intention to ensure that the newborns receive all required vaccines, and that those who have not received the birth dose of the Hepatitis B vaccine in the hospital be “caught up” by their primary care provider.

- Additional information can be attained by calling VFC at 602-364-3642 or by accessing their website.
- Providers must also document immunizations in ASIIS for members who are 19 and 20 year of age.
Principles of the medical record and proper documentation:

1. Enable physician and other healthcare professionals to evaluate a patient’s healthcare needs and assess the efficacy of the treatment plan

2. Serves as the legal document to verify the care rendered and date of service

3. Ensure date of care rendered is present and all documents are legible

4. Serves as communication tool among providers and other healthcare professionals involved in the patient’s care for improved continuity of care

5. Facilitates timely claim adjudication and payment

7. Appropriately documented medical record can reduce many of the ‘hassles’ associated with claims processing and HEDIS chart requests

8. ICD-10 and CPT codes reported on billing statements should be supported by the documentation in the medical record

Common reasons members with PCP visits continue to need recommended services/procedures:

1. Missing or lack of all required documentation components

2. Service provided without claim/encounter data submitted

3. Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy)

4. Service provided but outside of the required time frame or anchor date (i.e. Lead screening performed after age 2)

5. Incomplete services (i.e. No documentation of anticipatory guidance during a well visit for the adolescent well child measure)

6. Failure to document or code exclusion criteria for a measure

Look for the ‘Common Chart Deficiencies and Tips’ sections for guidance with some of the more challenging HEDIS measures
Gaps in Care Reports
What is the HEDIS Gaps in Care Report?

• A monthly report that providers can access via ProReport in the secure web portal
• **Most importantly**, it has a member list of needed care or services that providers can use to address ALL gaps in care when patients are in the office or for outreach to patients. This list is provider level specific
• Compares provider group performance to the health plan overall performance as well as NCQA benchmarks on this set of HEDIS measures
• It is based on a select set of HEDIS measures- (HEDIS) - Healthcare Effectiveness Data and Information Set which is a standardized performance assessment tool that is coordinated and administered by National Committee for Quality Assurance (NCQA) and used by the Centers for Medicare and Medicaid Services (CMS) for monitoring the performance of managed care organizations
• It is designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans

The Best Ways for Providers to Use the HEDIS Gaps in Care Report

TIPS FOR SUCCESS WITH USING THE REPORTS:

• Have an assigned staff person in the office access the report each time a new one is available and save it to the office computer for ease of access and manipulation
• The provider can access the report while with the patient or have a staff member add alerts to the EMR indicating services are due or print and place on paper charts if needed
• Have staff call to schedule an appointment for members with gaps in care that have not been seen recently or have missed follow up care/services recommended
• Outreach to members on the report that are not established in your practice and schedule them for a routine physical

The HEDIS Gaps in Care Report has Five Tabs

1. A cover letter with plan quality contact information
2. Medicaid Performance Summary
3. Medicare Performance Summary
4. Members Needing Care-Services
5. List of HEDIS Measures
Welcome to the Provider Report Management Tool

This secure online tool gives you direct access to provider reports. To determine if you or providers in your group have reports available, please log on to the secure provider web portal at www.MercyCareAZ.org. The Mercy Care Web Portal link is located at the top right of the home page.

See the enclosed quick reference guide to help you use the Provider Report Management Tool. Once in the tool, select options in the drop-down menus as follows:

- Report Selection OPTIONS:
  - Provider – name of the provider
  - Report Type – type of report you would like to view or download
  - Report Period – reporting period you would like to view or download

The search results will populate and filter automatically depending on the options selected.

**Note:** In some cases, individual provider reports roll up to the practice level. You can select the practice from the provider drop-down to see if respective reports are available.

- Report Selection RESULTS
  - Available reports are displayed as hyperlinks directly beneath the results section
  - Clicking on a report name hyperlink will give you the option to open or save the report

**Note:** In some cases, report search results may include additional documentation such as report instructions or guides. When reviewing results, please be sure to review any supplemental materials.

For additional information such as preventive health resources and health plan contacts, see the links on the left of the Provider Reports Tool webpage.

Questions
If you have questions about the Provider Report Management Tool or your reports, please contact your Provider Relations representative. If you do not know who your provider relations representative is, please go to www.MercyCareAZ.org and utilize the Find your Provider Representative link under the Provider Tab.
Accessing Gaps in Care Reports within Provider Deliverable Manager

**NOTE:** You must have access to the *Mercy Care Web Portal*, the secure provider web portal located on the Mercy Care website ([https://www.mercycareaz.org/](https://www.mercycareaz.org/)), in order to access the Provider Deliverable Manager. A registration form to obtain access is located under forms for all Mercy Care Plans.

To access the Mercy Care Plan website, click the link listed here: [https://www.mercycareaz.org](https://www.mercycareaz.org)

Once you are on the Mercy Care web page, you can access the Mercy Care Web Portal by selecting the [Mercy Care Web Portal](https://www.mercycareaz.org) link.

You will receive a notification that you are leaving the Mercy Care Website.

Choose “**Continue**” to reach sign in page.
Sign In Page

Enter your User Name and Password in the appropriate fields.

Click on the “Sign In” button to open the Portal Welcome Page.

At the bottom of the screen choose “Provider Deliverable Manager (with Provider Report Management Tool)” link to access your reports.
Choose “HEDIS Gaps in Care” from the drop down list.

Choose the report you want to view and double click on the report to access the report.

Next, you will see this notification:

Do you want to open or save MCRP_2018-03_MGC_PROV00018497.csv (2.68 MB) from medicalportalpit.com?

Choose “Open” and your report will download.
After your report has downloaded you will see at the top of the report a yellow bar, you must choose “Enable Editing”

Next, you will see another yellow bar at the top of the report. You must choose “Enable Content” so your report populates with content

Next, your report will open to Tab 1 the Cover letter

Dear Valued Provider,

It is with great pleasure that we are introducing our new Member Gaps in Care Report. Mercy Care Plan & Mercy Care Plan Advantage (HMO SNP) are committed to working with our providers in achieving the triple aim as defined by the Institute of Healthcare Improvement:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations; and

You can save the report and manipulate it however you would like. If you want to print the report, you may want to configure parameters before printing.
Mercy Care and Mercy Care Advantage HMO SNP
Gaps in Care Report Frequently Asked Questions

1. Q. Where do I find my Gaps in Care Report?

   A. The Gaps in Care Report is located under the Health Tools (Provider Deliverable Manager) which is accessed via the secure Provider Portal.

2. Q. What do I do if the report "locks up"?

   A. If the report "locks up", log out of the program and log in again. If you continue to have problems please contact:

   Mercy Care Provider Relations at: 1-800-624-3879 (Express Service Code 631)
   Cindy vanRossum, RN, BSN at 520-262-5874
   Alisha Mcclintock, RN, BSN at 602-689-0321

3. Q. I do not recognize some of the names in my reports. Why are there patients listed that do not belong to me?

   A. Patients on the list are part of your provider panel. They may have been auto assigned to you because the member either did not select a primary care provider or selected a provider who is not accepting new patients and they will show on your report with their listed gaps in care.

4. Q. What should I do if the members have never been seen?

   A. Please have your staff reach out to the member, attempt to schedule an appointment to establish care and close the gap that this member may have.
   If the member is seeing another provider please make note of that and contact your provider representative to remove that member from your roster and assign them to the correct provider.

5. Q. How often are these reports updated?

   A. The Gaps in Care Reports are updated monthly.

6. Q. Why are there gaps in care listed for members that I know have received the services?

   A. The reports are updated monthly but there is still a claims lag. Some services may be complete and still show as a gap. Once the claim is received and the reports update, the gap should be removed. This could also be a coding issue. Refer to the Gaps in Care Technical Specifications and Billing Guide document available on the www.MercyCareAZ.org
Mercy Care Plan website under “Reference Materials and Guides” or the Provider Deliverable Manager page to ensure you are coding things properly.

7. **Q. Why there are some measures on the list do not pertain to my practice type?**

   A. This report is used across all lines of business so you may see measures listed that are out of your scope of practice. The measure in question may also be a service for which you need to encourage the patient to see a specialist.

8. **Q. Can I save my Gaps in Care Report outside of the application?**

   A. Yes. It will open in excel and you can save it and manipulate it, however you would like.

9. **Q. Can I print my Gaps in Care Report?**

   A. Yes. Just note that it will probably be a large document. You may want to configure some printing parameters before you hit print.

10. **Q. What do I do if I need my password for the Provider Portal Reset?**

    A. Call the Mercy Care Advantage Provider Relations Department at **602-263-3000** or **1-800-624-3879**, Express Service Code **631**.
MERCY CARE PROVIDER WEB PORTAL
REGISTRATION FORM

Thank you for your interest in registering for the Provider Web Portal owned or operated by Aetna. We are committed to protecting the privacy of our Providers. We will use our best efforts to ensure that the information you submit to us is used only for the purpose of obtaining access to the Provider Web Portal and remains confidential. We do not disclose any of the information you provide to us to any outside parties, except to manage the health plan or when we think the law may require it.

**Registration Instructions:** The information below and acceptance of the attached Provider Web Portal Agreement is required to complete registration.

<table>
<thead>
<tr>
<th>Contracted Provider Name:</th>
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<tbody>
<tr>
<td>Provider Office Name:</td>
</tr>
<tr>
<td>Provider Office Contact Name/Office Manager Name:</td>
</tr>
<tr>
<td>Provider Office Contact Name/Office Manager E-Mail:</td>
</tr>
<tr>
<td>Provider Tax ID # (TIN):</td>
</tr>
<tr>
<td><strong>We caution against using your SSN in lieu of a TIN, as it presents unnecessary risks to your identity.</strong></td>
</tr>
<tr>
<td>National Provider ID # (NPI):</td>
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<tr>
<td>Address:</td>
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<tr>
<td>City:</td>
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<tr>
<td>State:</td>
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<tr>
<td>Zip:</td>
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<tr>
<td>Phone #:</td>
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<tr>
<td>Fax #:</td>
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</tbody>
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Provider must designate a Primary Representative from their office (see attached Provider Web Portal Agreement for full definition). The Primary Representative may have the ability to add authorized representatives within Provider’s office to Provider’s account. Please provide the following information for the Primary Representative:

<table>
<thead>
<tr>
<th>Primary Representative Name:</th>
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<tbody>
<tr>
<td>Phone #:</td>
</tr>
<tr>
<td>Fax #:</td>
</tr>
<tr>
<td>Billing Company: Yes [ ] No [ ] Provider Office: Yes [ ] No [ ]</td>
</tr>
<tr>
<td>E-Mail address at Provider’s Office:</td>
</tr>
</tbody>
</table>

To submit a request for registration, please fax or e-mail your completed form and the attached signed Provider Web Portal Agreement to: Mercy Care at 860-975-3201.

Please contact your Provider relations representative with any questions at: 602-263-3000 or 800-624-3879.

Signature: ____________________________  ____________________________
Print Name: ___________________________
Provider Group Administrator or Contracted Physician  Date: ___________________________

**IMPORTANT:** A signed provider’s Web Portal Agreement (attached) must accompany this form before registration can be completed. Thank you.
MERCY CARE PROVIDER WEB PORTAL AGREEMENT

This Provider Web Portal Agreement ("Agreement") contains the terms and conditions that govern Provider’s use of the web portal service to access certain Plan member information. By signing the Provider Web Portal Agreement, you acknowledge that you understand and agree to follow the terms and conditions outlined herein.

Definitions

When used in this Agreement, all capitalized terms shall have the following meanings:

“Administrator” means any Aetna administrator, such as Aetna Medicaid Administrators, LLC, and any owners, affiliates or direct or indirect subsidiaries that administer or maintain the Service for a Plan.

“Authorized Representative” means a person that Provider has authorized to use the Service under this Agreement on Provider’s behalf.

“Plan” means a member’s health care benefits as set forth in the state contract with the government sponsor, which is administered by Plan or an Administrator.

“Primary Representative” means the Authorized Representative in Provider’s office with responsibility for adding, deleting, and maintaining the names of Provider’s Authorized Representatives on Provider’s behalf.

“Provider” means the person or entity contracted with Plan or Administrator to provide medical services or supplies to Plan enrollees.

“Service” means the web portal service under this Agreement and the website that supports it.

Provider’s Use of the Web Portal Service

The Service provides internet access to information on Plan member eligibility, claims payments, Plan or Administrator policies and prior authorizations. Provider shall use the Service solely in connection with the provision of health care services to Plan members under the provider’s care. The Primary representative and each Authorized Representative shall use the Service solely in the course and scope of employment or agency with Provider. Provider, the Primary Representative, and each Authorized Representative shall use the Service subject to the following conditions:

1. The terms and conditions of this Agreement; and
2. If applicable, the provisions of Provider’s contract with Plan or Administrator to provide health care services to Plan members (the “Provider Contract”). The applicable provisions of the provider Contract include, but are not limited to, use and disclosure of protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards, member eligibility verification, utilization management standards within Plan policies and the provider manual, and timelines for submission and resubmission of claims.
3. In the event of a conflict between the terms and conditions of this Agreement and those contained in the Provider Contract, this Agreement shall govern.

Provider shall, and shall require the Primary Representative and each Authorized Representative to:

1. Keep confidential and not disclose the Provider’s Service password to any person except Provider or the Primary Representative;
2. Use the Service solely in connection with provider’s health care services to members of Plan, and within the course and scope of employment or agency with Provider; and
3. Use the Service pursuant to the terms and conditions of this Agreement.
Upon learning that the Primary Representative or an Authorized Representative has violated (1), (2) or (3), or no longer works for, or represents Provider, Provider shall immediately revoke such Primary Representative’s or Authorized Representative’s access to the Service. Provider shall also promptly notify Administrator or Plan when it has revoked a Primary Representative’s or an Authorized Representative’s authority to use the Service for any reason. Further, Provider agrees to revoke the Primary Representative’s authority to use the Service if directed to do so by Administrator or Plan.

If an Authorized Representative’s authority is revoked, the Primary Representative shall immediately delete such person’s access to the Service following Plan or Administrator procedures. If the Primary Representative’s authority is revoked, Provider shall immediately delete such person’s access to the Service and designate a new Primary Representative following Plan or Administrator procedures.

Site System Integrity

Provider may not use any device, software routine or agent to interfere, or attempt to interfere, with the proper working of the Service. Provider may not take any action that imposes an unreasonable or disproportionately large load on Administrator’s or Plan’s infrastructure. Provider may not disclose its password to third parties, except an Authorized Representative. Provider shall take reasonable precautions to secure its password from any unauthorized use. Provider may not attempt to log in with a user name or password other than its own.

Confidential Information

“Confidential Information” means any information that identifies a member and relates to the member’s participation in a Plan, the member’s physical or mental health or condition, the provision of health care to the member, or payment for the provision of health care to the member. Confidential Information includes, without limitation, “individually identifiable health information,” as defined in 45 C.F.R. § 160.103 of HIPAA and “non-public personal information,” as defined in laws or regulations promulgated under the Gramm-Leach-Bliley Act of 1999.

Provider acknowledges that Administrator or Plan will provide Confidential Information to Provider solely for Provider’s use in performing agreed upon health care services. Accordingly, Provider agrees to:

1. Comply with all applicable state and federal laws, rules, regulations, licensing or regulatory requirements for each state in which services are provided;
2. Maintain a data privacy and security program and process that complies with all applicable laws and regulations;
3. Implement administrative, physical, and technical safeguards to protect any and all Confidential Information from unauthorized access, use and disclosure; and
4. Not to use or disclose Confidential Information for any purpose other than as specifically permitted herein.

Provider acknowledges that certain laws, including 45 C.F.R. 164.504(f), may prohibit certain uses or redisclosures of Confidential Information. Accordingly, Provider agrees that in no event shall Provider use or redisclose Confidential Information in any manner or for any purpose prohibited by applicable law, regulation, or other legal mandate. Provider may not disclose Confidential Information to any third party whatsoever, including, but not limited to, any broker, consultant, auditor, reviewer, administrator or agent unless Administrator or Plan provides advance written consent of such disclosure.

Provider agrees to accept and comply with policies of which Provider knows or reasonably should have known (e.g., clinical policy bulletins or other policies made available to Provider). Provider will utilize electronic real time HIPAA compliant transactions, including but not limited to, eligibility, precertification and claim status inquiry transactions, if available and applicable and to the extent such electronic real time features are utilized by Plan or Administrator.
Provider shall promptly notify Administrator or Plan in the event of: 1) any loss, accidental, or unauthorized disclosure of Confidential Information; 2) any unauthorized access to the Service; 3) any breach of Provider’s data privacy, security program and policies, or safeguards affecting access to the Service and information therein.

Changes to the Web Portal Service or This Agreement

Administrator or Plan may, at any time, make changes to the Service, the terms and conditions of this Agreement, or any other policies or conditions that govern the use of the Service at any time. Provider should review the Service and these terms and conditions periodically for any updates or changes. Provider’s continued access or use of the Service shall be deemed Provider’s notification and acceptance of such changes.

No Warranties or Liabilities

There is no implied warranty of any kind under this Agreement, including of representation about the accuracy, completeness, or appropriateness or fitness for a particular part of the Service, and non-infringement. Provider assumes full responsibility for using the Service, and understands and agrees that neither the Plan nor Administrator are responsible or liable for any claim, loss, or damage resulting from, or related to, Provider’s use. Provider uses the Service at its own risk, and agrees to use the Service on an “AS IS” and an “AS AVAILABLE” basis. Neither Plan nor Administrator will be liable for any delay, difficulty in use, inaccuracy or incompleteness of information, computer virus, malicious code, loss of data, compatibility issues, or otherwise. Plan and Administrator will not be liable for any direct, indirect, incidental, consequential, or punitive damages arising out of the Provider’s use of, or access to, the Service, or any link provided to another site, even if Plan or Administrator was advised of the possibility of such damages, or even if such damages were foreseeable.

Ownership, License and Restrictions on Use of Materials

All right, title and interest (including all copyrights, trademarks and other intellectual property rights) in the Service belong to Plan or Administrator. In addition, the names, images, pictures, logos, and icons are proprietary marks that belong to Plan or Administrator. Except as expressly provided below, nothing contained herein shall be construed as conferring any license or right under copyright or other intellectual property rights.

Provider is hereby granted a nonexclusive, nontransferable, limited license to view and use information retrieved from the Service solely in connection with the provision of health care services to Plan members.

Except as expressly provided above, no part of the information in or about the Service, including but not limited to materials retrieved from it and the underlying code, may be reproduced, republished, copied, transmitted, distributed, or modified in any form or by any means. In no event shall information or materials from the Service be stored in any storage or retrieval system without prior written permission from Administrator or Plan.

Provider’s use of the Service allows Plan and Administrator to gather certain limited information about Provider and its use of the Service. Provider agrees and consents to the use of such information in aggregated form.

Termination

Provider, Plan or Administrator may terminate this Agreement for any reason at any time.

Plan or Administrator may issue Provider a warning, temporarily suspend, indefinitely suspend, or cancel this Agreement with Provider and Provider’s access to the Service if, in the sole discretion of Plan or Administrator, Provider breaches this Agreement. Plan and Administrator reserve the right to immediately suspend or deny, in their singular or joint discretion, Provider’s access to all, or any portion of, the Service with or without prior notice. Provider acknowledges and agrees that Plan or Administrator may immediately bar any further access to the Service. Provider agrees that neither Plan nor Administrator shall be liable to Provider or any third-party for any termination of Provider’s access to the Service.
Upon termination of this Agreement, Provider agrees to destroy all information and materials, in any format or capacity, obtained or retained from the Service.

**Governing Law**

This Agreement and the rights and obligations of the Provider and Plan or Administrator shall be construed, interpreted, and enforced in accordance with, and governed by, the laws of the state where Plan is located. Before Provider may seek legal recourse for any harm Provider believes it has suffered from use of the Service, Provider will give Plan or Administrator written notice specifying the harm and allow Plan or Administrator thirty (30) days from the date of notice to cure the harm. Provider must initiate any cause of action under this Agreement or related to the Service within one (1) year after the claim has arisen or Provider is barred from pursuing any cause of action.

**Entire Agreement**

This Agreement (including any attached schedules, appendices and/or addenda) constitutes the complete and sole agreement of between Provider and Plan or Administrator regarding the subject matter described herein and supersedes any and all prior or contemporaneous oral or written representations, communications, proposals or agreements not expressly included in this Agreement and may not be contradicted or varied by evidence of prior, contemporaneous or subsequent oral representations, communications, proposals, agreements, prior course of dealings or discussions of the Parties. The parties acknowledge that each Plan or Administrator is a third-party beneficiary of this Agreement.

The signatory below represents and warrants that he or she has full authority to bind the Provider, including the Provider’s owners, employees, agents and representatives, on whose behalf the person below signs.

**Agreed and Accepted:**

<table>
<thead>
<tr>
<th><strong>Signature:</strong></th>
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<tr>
<td><strong>Printed Name:</strong></td>
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<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Contracted Provider Name:</strong></td>
</tr>
<tr>
<td><strong>Provider Office Name:</strong></td>
</tr>
<tr>
<td><strong>Provider Tax ID # (TIN):</strong></td>
</tr>
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<td><strong>We caution against using your SSN in lieu of a TIN, as it presents unnecessary risks to your identity.</strong></td>
</tr>
<tr>
<td><strong>National Provider ID # (NPI):</strong></td>
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<tr>
<td><strong>Date:</strong></td>
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</table>
Let’s improve well-child visits together

*Well-child visits (First 15 months of life)
The percentage of children who turned 15 months old during the measurement year and who had six or more well-child visits.

The recommendation is that members receive a minimum of 6 well visits before turning 15 months old. Help us increase the number of complete well child visits.

Mercy Care measures the quality outcome through HEDIS® annually. We review documentation within medical records validating service provided, who provided care, the date of service and evidence of ALL of the following:
1. A health and physical development history
2. A mental developmental history
3. A physical exam
4. Health education/anticipatory guidance such as nutrition, exercise, seatbelt use, and water safety

Calendar year not a rolling 12 months
A well visit can occur anytime during the calendar year. Mercy Care does not limit the number of well visits a member can receive per year.

Best practices for improving well-visits
Complete a comprehensive well-care visit and document all evidence of visits during sick visits.

Make sure the billing codes are supported with medical records documentation.

File your claims with the following codes
ICD-10 CM Codes: Z00.11-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9
HCPCS: G0438, G0439
CPT Codes: 99381, 99382, 99391, 99392, 99461
Please note the codes above are not all inclusive; these are examples. There are many codes that may apply. Billing codes submitted should be reflected in the medical records detailed documentation to support each diagnosis code, procedure code, and modifier (if appropriate), according to the correct coding manuals.

Our resources are here to help
For additional provider specific information visit the Mercy Care provider website www.MercyCareAZ.org.

Adolescent Well Visit as defined by NCQA HEDIS® 2017 Volume 2 Technical Specification
* This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at www.aap.org and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at www.Brightfutures.org for more information about well-care visits.
Mercy Care measures the quality outcome of our members through HEDIS® annually. We review documentation within medical records validating service provided, who provided care, the date of service and evidence of ALL of the following:

1. A health and physical development history
2. A mental developmental history
3. A physical exam
4. For all ages, health education/anticipatory guidance such as nutrition, physical activity, exercise, seatbelt use, and water safety. Especially for adolescents, safe sex, smoking and alcohol use.

*Well-child visit (3 through 6 years of age)
The percentage of members 3 to 6 years of age who had one or more well-child visits with a PCP during the measurement year.

Calendar year not a rolling 12 months
A well-visit can occur anytime during the calendar year. Mercy Care does not limit the number of well visits a member can receive per year.

Try these best practices for well visit
Complete a comprehensive well-care visit and document all evidence of visits during
1. Sick visits - complete the well-exam too.
2. Sports physical examinations- complete and document anticipatory guidance to make it a well-exam/visit.

*Adolescent well-visit (12-21 years of age)
The percentage of adolescents 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

File your claims using appropriate codes supported by complete documentation.
ICD-10 CM Codes: Z00.121-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9
HCPCS: G0438, G0439
CPT Codes: 99382-99385, 99392-99395
Please note the codes above are not all inclusive; these are examples. There are many codes that may apply. Billing codes submitted should be reflected in the medical records detailed documentation to support each diagnosis code, procedure code, and modifier (if appropriate), according to the correct coding manuals.

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www.MercyCareAZ.org
MC-1018
## Helpful HEDIS Documentation Tips for Pediatric Providers

<table>
<thead>
<tr>
<th>HEDIS Measure Definitions</th>
<th>What You Can Do</th>
<th>Coding/Tips</th>
</tr>
</thead>
</table>
| **W15 - Well Child 15 months** Members 0-15 months of age with 6 comprehensive well child visits. Minimum of 6 well visits required before 15 months old | Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam. Documentation **MUST** include ALL three criteria: health education/guidance, physical exam, developmental health and history (physical and mental). Anticipatory guidance must be documented. | ICD-10 CM Codes: Z00.11 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9  
Procedure Codes: 99381, 99382, 99391, 99392, 99461  
HCPCS: G0438, G0439                                                                 |
| **W34 - Well Child 3-6 years** Members 3-6 years of age with at least 1 comprehensive well child visits annually. Minimum of 1 visit required annually | Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam. Documentation **MUST** include ALL three criteria: health and developmental history, physical exam, health education/guidance. Anticipatory guidance must be documented. | ICD-10CM Codes: Z00.121 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9  
CPT Codes: 99382, 99383, 99392, 99393  
HCPCS: G0438, G0439                                                                 |
| **WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents** Children age 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity | Document height, weight and BMI percentile. Discussion and documentation of nutrition and physical activity during at least one office visit annually. | BMI ICD-10 CM Codes: Z68.51-Z68.54  
Nutrition Counseling  
ICD-10 CM Code: Z71.3  
CPT Codes: 97802-97804  
HCPCS: G0447, G0270, G0271, S9449, S9452, S9470  
Physical Activity Counseling  
HCPCS: G0447 (face to face behavioral counseling for obesity—15 minutes), S9451 (Exercise classes—non-physician provider)  
ICD-10 CM Code: Z02.5 (Sports physical) |
| **AWC - Adolescent Well Care Visits** Members 12-21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually. Minimum of 1 Required | Never miss an opportunity! Exam requirements can be performed during a sick visit or a well visit exam. Documentation **MUST** include ALL 3 criteria: health and developmental history, physical exam, health education/guidance. Anticipatory guidance must be documented. | ICD-10 CM Codes: Z00.121 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9  
HCPCS: G0438, G0439  
CPT Codes: 99383-99385, 99393-99395                                                                 |
| **IMA - Immunizations in Adolescents** Members age 13 years of age who received: 1 Tdap vaccine between the 10th and 13th birthday, 1 Meningococcal Conjugate vaccine between the 11th and 13th birthday and 3 doses of HPV vaccine between the 9th and 13th birthday. Individual rates and 2 combinations are reported: * Tdap and Meningococcal conjugate  
* Tdap, Meningococcal conjugate and HPV | Educate staff to schedule PRIOR to 13th birthday. Document and submit timely with correct code. HPV rates are now reported for both females and males. Educate families on the importance of these immunizations. Give call reminders for series vaccines | Tdap  
CPT Code: 90715  
CVX Code: 115  
Meningococcal  
CPT Codes: 90644, 90734  
CVX Codes: 114, 136, 148  
HPV  
CPT Codes: 90649, 90650, 90651  
CVX Codes: 62, 118, 165                                                                 |
<table>
<thead>
<tr>
<th>HEDIS Measure Definitions</th>
<th>What You Can Do</th>
<th>Coding/Tips</th>
</tr>
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<tbody>
<tr>
<td><strong>CIS/LCS - Childhood immunization Status and Lead Screening in Children</strong>&lt;br&gt;Children who received recommended vaccinations prior to second birthday.&lt;br&gt;Children who had one or more lead blood test for lead poisoning by their second birthday.&lt;br&gt;<em>Document parental refusal.</em></td>
<td>Educate office staff to schedule appointments PRIOR to 2nd birthday. Call families to schedule appointments for those that are behind with their immunizations.&lt;br&gt;Any vaccines after the age of 2 are considered late in HEDIS reporting.&lt;br&gt;Educate parents/guardians regarding the importance of having their child immunized and keeping appointments.&lt;br&gt;Immunizations recommended: 4 DTaP/DT, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus and 2 Influenza vaccines.&lt;br&gt;Document in the medical record if member has evidence of the disease for which immunization is intended or if a contraindication to the vaccine exists.&lt;br&gt;Lead screening test should be completed on all children by their second birthday</td>
<td><strong>Vaccine Codes</strong>&lt;br&gt;DTaP CPT Codes: 90698, 90700, 90721, 90723&lt;br&gt;CVX Codes: 20, 50, 106, 110, 120&lt;br&gt;IPV CPT Codes: 90698, 90713, 90723&lt;br&gt;CVX Codes: 10, 110, 120&lt;br&gt;Hib CPT Codes: 90644-90648, 90698, 90721, 90748&lt;br&gt;CVX Codes: 46-51, 120, 148&lt;br&gt;HepB CPT Codes: 90723, 90740, 90744, 90747, 90748&lt;br&gt;CVX Codes: 08, 44, 51, 110&lt;br&gt;ICD-10 PCS: 3E024Z&lt;br&gt;PCV CPT Codes: 90669, 90670&lt;br&gt;CVX Codes: 100, 133&lt;br&gt;HCPCS: G0010&lt;br&gt;VZV CPT Codes: 90710, 90716&lt;br&gt;CVX Codes: 21, 94&lt;br&gt;MMR CPT Codes: 90707, 90710&lt;br&gt;CVX Codes: 03, 94&lt;br&gt;Measles CPT Code: 90705&lt;br&gt;CVX Code: 05&lt;br&gt;Measles/Rubella CPT Code: 90708&lt;br&gt;CVX Code: 04&lt;br&gt;Mumps CPT Code: 90704&lt;br&gt;CVX Code: 07&lt;br&gt;Rubella CPT Code: 90706&lt;br&gt;CVX Code: 06&lt;br&gt;Rotavirus 2 dose CPT Code: 90681&lt;br&gt;CVX Code: 119&lt;br&gt;Rotavirus 3 dose CPT Code: 90680&lt;br&gt;CVX Code: 116&lt;br&gt;HepA CPT Code: 90633&lt;br&gt;CVX Code: 83&lt;br&gt;Flu CPT Code: 90655, 90657, 90661, 90662, 90673, 90685, 90687&lt;br&gt;CVX Codes: 135, 140, 141, 153, 155, 158, 161&lt;br&gt;HPCPS: G0008&lt;br&gt;Lead CPT Code: 83655&lt;br&gt;LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7</td>
</tr>
</tbody>
</table>

**ADD - Follow-Up Care for Children Prescribed ADHD Medication**<br>Children 6-12 years of age, newly prescribed ADHD medication who had at least 3 follow-up visits within a 10 month period, one of which was within 30 days of when the ADHD medication was dispensed. Two rates are reported:<br>Initiation Phase: A follow-up visit with a practitioner with prescribing authority during the 30 day initiation phase<br>Continuation Phase: children that remained on the ADHD medication for at least 210 days, and in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. | When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office.<br>Schedule the initial follow-up for 2-3 weeks after stating the medication<br>No refills unless the child has the initial follow-up visit<br>After the initial follow-up visit, schedule at least 2 more visits over the next 9 months to check the child’s progress<br>Encourage parents/caregivers to ask questions about their child’s ADHD | **CVX Codes**<br>CVX Codes: 100, 133<br>HCPCS: G0010<br>LOINC: G0009<br>CVX Codes: 135, 140, 141, 153, 155, 158, 161<br>HPCPS: G0008<br>Lead CPT Code: 83655<br>LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7<br>CPT codes that require a POS code:<br>CPT Group 1: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876<br>POS Group 1: 03, 05, 07, 09-15, 20, 22, 33, 49, 50, 52, 53, 71, 72<br>CPT Group 2: 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>POS Group 2: 52, 53<br>One follow-up visit can also be completed via telephone.<br>Telephone Visit CPT Codes: 98966-98968, 99441-99443
<table>
<thead>
<tr>
<th>HEDIS Measure Definitions</th>
<th>What You Can Do</th>
<th>Coding/Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URI - Appropriate Treatment for Children with Upper Respiratory Infection</strong></td>
<td>Do not prescribe antibiotics for URI treatment.</td>
<td>ICD-10 CM Codes: J00, J06.0, J06.9</td>
</tr>
<tr>
<td>Report of children age 3 months to 18 years that were given only a diagnosis of URI and were NOT dispensed an antibiotic prescription</td>
<td>Document and submit appropriate diagnosis on claims if more than one diagnosis is appropriate</td>
<td></td>
</tr>
<tr>
<td><strong>CWP - Appropriate Testing for Children with Pharyngitis</strong></td>
<td>Test all children for group A strep before prescribing an antibiotic for only a diagnosis of pharyngitis.</td>
<td>Pharyngitis ICD-10 CM Codes: J02.0-J03.91</td>
</tr>
<tr>
<td>Children age 2-18 years that receive a group A strep test when dispensed an antibiotic for only a diagnosis of pharyngitis</td>
<td>Document and submit claims for all appropriate diagnoses established at the visit</td>
<td>Group A Strep Tests</td>
</tr>
<tr>
<td></td>
<td>Submit claim for in-office rapid strep test</td>
<td>CPT Codes: 87070, 87071, 87081, 87430, 87650-87652, 87880</td>
</tr>
<tr>
<td></td>
<td>LOINC: 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6556-5, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2</td>
<td></td>
</tr>
<tr>
<td><strong>CHL – Chlamydia Screening in Women</strong></td>
<td>Assist with member education about STDs, transmission and the importance of testing.</td>
<td>CHL Screening in Women ICD-10 CM Codes: J00, J06.0, J06.9</td>
</tr>
<tr>
<td>Women 16-24 years of age who are identified as sexually active with a Chlamydia test annually.</td>
<td>Perform routine urine test for Chlamydia, document and submit claims timely.</td>
<td>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</td>
</tr>
<tr>
<td><strong>MMA– Medication Management for People With Asthma</strong></td>
<td>Schedule regular follow-up for people with persistent asthma</td>
<td>Asthma Controller Medications</td>
</tr>
<tr>
<td>Members age 5-85, identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period (end of calendar year)</td>
<td>Patient education about benefits of medication compliance</td>
<td>Antiasthmatic Combinations - Dyphylline-guaifenesin, Guai-fenesin-theophylline</td>
</tr>
<tr>
<td><strong>Two rates reported:</strong></td>
<td>Order medications that are on the member’s health plan formulary</td>
<td>Antibody Inhibitor - Omalizumab</td>
</tr>
<tr>
<td>1. remained on asthma controller medication for at least 50% of the treatment period.</td>
<td></td>
<td>Inhaled Steroid Combinations - Budesonide-formoterol, Mometasone-formoterol, Fluticasone-salmeterol</td>
</tr>
<tr>
<td>2. remained on asthma controller medication for at least 75% of the treatment period.</td>
<td></td>
<td>Inhaled Corticosteroids - Beclometasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone</td>
</tr>
<tr>
<td><strong>ABA – Adult BMI Assessment</strong></td>
<td>Perform and document criteria of Ht/Wt/BMI calculation at each visit or at least annually.</td>
<td>BMI ICD-10 CM Codes:</td>
</tr>
<tr>
<td>Documentation of body mass index (BMI) and weight annually or every other year in members 18 years and older.</td>
<td>Patients younger than 20 years old need to have a BMI percentile documented</td>
<td>Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45</td>
</tr>
<tr>
<td></td>
<td><em>Pregnant members are excluded from this measure</em></td>
<td>BMI Percentile ICD-10 CM Codes: Z68.51-Z68.54</td>
</tr>
</tbody>
</table>
### HEDIS Measure Definitions

#### CDC - Comprehensive Diabetes Care

Members 18-75 years of age with diabetes should have each of the following at least annually: HbA1C testing, medical attention for nephropathy, a retinal eye exam and blood pressure monitoring at each visit.

<table>
<thead>
<tr>
<th>What You Can Do</th>
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<tbody>
<tr>
<td>Order screenings annually or more often as needed and educate member on importance.</td>
</tr>
<tr>
<td>Include all current medications on the medication list. Be sure to indicate if a member is on an ACE/ARB medication</td>
</tr>
<tr>
<td>Document Stage 4 chronic kidney disease or End State Renal Disease (ESRD) with appropriate codes:</td>
</tr>
<tr>
<td><strong>Stage 4 chronic kidney disease</strong></td>
</tr>
<tr>
<td><strong>ICD-10 CM</strong>: N18.4</td>
</tr>
<tr>
<td><strong>ESRD</strong></td>
</tr>
<tr>
<td><strong>ICD-10 CM</strong>: N18.5, N18.6, Z91.15, Z99.2</td>
</tr>
<tr>
<td><strong>ICD-10 PCS</strong>: E31M39Z, S5A1D00Z, S5A1D60Z</td>
</tr>
<tr>
<td>Refer member to Optometrist or Ophthalmologist for Dilated Retinal Eye Exam annually.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coding/Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes ICD-10 CM Codes</strong>: E10.10-E13.9, O24.011-O24.33, O24.811-O24.83</td>
</tr>
<tr>
<td><strong>Diabetes without complications</strong></td>
</tr>
<tr>
<td><strong>ICD-10 CM</strong>: E10.9, E11.9, E13.9</td>
</tr>
<tr>
<td><strong>HbA1c CPT Codes</strong>: 83036, 83037</td>
</tr>
<tr>
<td><strong>HbA1c LOINC</strong>: 17856-6, 4548-4, 4549-2</td>
</tr>
<tr>
<td><strong>CPT II Results Codes</strong></td>
</tr>
<tr>
<td><strong>HbA1c level 7.0-9.0</strong>: 3045F</td>
</tr>
<tr>
<td><strong>HbA1c level less than 7.0</strong>: 3044F</td>
</tr>
<tr>
<td><strong>HbA1c level greater than 9.0</strong>: 3046F</td>
</tr>
<tr>
<td><strong>Urine Protein Tests</strong></td>
</tr>
<tr>
<td><strong>CPT Codes</strong>: 81000-81003, 81005, 82042-82044, 84156</td>
</tr>
<tr>
<td><strong>CPT II Codes</strong>: 3060F-3062F</td>
</tr>
<tr>
<td><strong>Diabetes without complications</strong></td>
</tr>
<tr>
<td><strong>ICD-10 CM</strong>: E10.9, E11.9, E13.9</td>
</tr>
<tr>
<td><strong>HbA1c CPT Codes</strong>: 83036, 83037</td>
</tr>
<tr>
<td><strong>HbA1c LOINC</strong>: 17856-6, 4548-4, 4549-2</td>
</tr>
<tr>
<td><strong>CPT II Results Codes</strong></td>
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<tr>
<td><strong>HbA1c level 7.0-9.0</strong>: 3045F</td>
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<td><strong>HbA1c level less than 7.0</strong>: 3044F</td>
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<tr>
<td><strong>HbA1c level greater than 9.0</strong>: 3046F</td>
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<tr>
<td><strong>Urine Protein Tests</strong></td>
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<tr>
<td><strong>CPT Codes</strong>: 81000-81003, 81005, 82042-82044, 84156</td>
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<tr>
<td><strong>CPT II Codes</strong>: 3060F-3062F</td>
</tr>
</tbody>
</table>

#### CBP - Controlling High Blood Pressure

Members 18-85 years of age with a diagnosis of hypertension (HTN) and whose BP is adequately controlled.

- Age 18-59 and age 60-85 with diabetes <140/90
- Age 60-85 without diabetes <150/90.

<table>
<thead>
<tr>
<th>What You Can Do</th>
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<tbody>
<tr>
<td>If BP elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and retake BP during exam.</td>
</tr>
<tr>
<td>Make sure you use the correct size cuff.</td>
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<tr>
<td>If using a machine, record the actual number, do NOT round up.</td>
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<tr>
<td>Schedule follow up visits to monitor effectiveness of BP medication.</td>
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<tr>
<th>Coding/Tips</th>
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<tbody>
<tr>
<td><strong>ICD-10 CM Code</strong>: I10</td>
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</table>

#### Antidepressant Medication Management (AMM)

Patients 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment. **Two rates are reported:**

- **Effective Acute Phase**: Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase**: Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)

<table>
<thead>
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<th>What You Can Do</th>
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<tbody>
<tr>
<td>Educate patients that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions</td>
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<tr>
<td>Stress that they should not stop medication abruptly or without consulting you first for assistance</td>
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<tr>
<td>Schedule follow up appointments prior to patient leaving your office</td>
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<tr>
<td>Outreach patients that cancel appointments and have not rescheduled</td>
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<tr>
<td>Stress the importance of medication compliance.</td>
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<tr>
<th>Coding/Tips</th>
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</thead>
<tbody>
<tr>
<td><strong>ICD-10 CM Codes for Major Depression</strong>: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</td>
</tr>
</tbody>
</table>
Taking a first step, waving “bye-bye,” and pointing to something interesting are all developmental milestones, or things most children can do by a certain age. Children reach many milestones in how they play, learn, speak, act, and move. Developmental monitoring and screening are ways to look for your child’s developmental milestones.

All young children need both developmental monitoring and developmental screening.

The best person to track your child’s development is you!
Use free milestone checklists and go over them with the doctor at every well-child visit.

What if your child is not reaching milestones as expected?
You know your child best. If you are concerned about your child’s development, talk with your child’s doctor about your concerns and ask about developmental screening. For more information, go to www.cdc.gov/Concerned. Don’t wait! Acting early can make a real difference.

Your child’s development is a journey.
Monitoring and screening show you the way.
Successful strategies:
Reducing missed appointments

A number of studies suggest that the cultural norms or social circumstances of families may have an effect on
the rate of missed appointments. Living in a deprived area has been associated with a threefold increase in
the likelihood of missing and appointment. Some of the most common reasons include: lack of transportation,
scheduling problems, overslept or forgot, presence of a sick child or relative, and lack of child-care. Highlighted
below are current best practice interventions that may help you and your office decrease missed appointments.

Patient contact
• Thank patients for keeping their appointments and arriving on time.
• Ask patients how they want to be reminded of their appointment and provide options for cell phone and
home phone.
• Perform automated telephone appointment reminder calls
• Make the reminder call at least 48 hours prior to the appointment.
• Contact patients who miss appointments and reschedule them promptly.
• Engage the patient in the relationship with the practice by making statements such as:
  – “Dr. Jones was very disappointed that you didn’t show up for your appointment.”
  – “I’ll let Dr. Jones know that you wish to reschedule. When shall I tell him that you would like to
reschedule?”
• Send correspondence about no-shows directly from the physician.
• Educate patients who have chronic conditions that their status and medications need to be monitored
with regular office appointments, even if they feel fine.

Other practices
• Document history of patients’ no-shows and identify “frequent no-show” in your practice management
system alert messaging.
• Develop a protocol for how cancelled appointments will be rescheduled for other patients.
• Ease patients’ ability to notify you of a cancellation by offering 24/7 cancellation line with voicemail.
• Establish a waitlist for patients who want earlier appointments for rescheduling.
• Document disconnected phone numbers in the practice management system.
• Hold a team conference before every clinic and prioritize a review of the schedule for today. Cancel
patients who have been admitted to the hospital.
• Confirm that you have cancelled previously scheduled appointments in the practice management system
when a patient calls for an acute appointment request.

Mercy Care will help
• To help reduce missed appointments, Mercy Care has implemented several ongoing interventions.
• For every member who schedules an appointment through our outreach staff, an appointment reminder
card is mailed to him/her listing the date and time of the appointment.
• If the patient misses an appointment, notify Mercy Care Quality Management (QM). Our outreach staff
will contact the member by letter and phone to assist him/her in making another appointment. During
the phone call, the member will also receive education on the importance of showing up for scheduled
appointments.
Missed appointment log

In an effort to improve our member’s health and assist your office with missed and “No Show” appointments, please fill in the requested information for Mercy Care or Mercy Care Advantage members only. With this information, our outreach staff can call each member to offer assistance with issues that may be hindering the member from keeping their appointments, such as transportation. Please notify Mercy Care or Mercy Care Advantage within one week of the appointment by faxing this form to 959-282-8729. If you have any questions, please call 02-263-3000 or toll-free 1-800-624-3879.

<table>
<thead>
<tr>
<th>Member ID#</th>
<th>Member Name</th>
<th>Date of birth</th>
<th>Missed appointment date and time</th>
<th>Late and not seen</th>
<th>No Show</th>
<th>Cancelled &lt;24 hrs.</th>
<th>Reason for appointment</th>
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Behavioral health screening, referral and follow-up requirements

The PCP is required to:
Conduct screenings for mental health and substance abuse problems at each EPSDT visit. Treatment services are a covered benefit for members under age 21.

- Conduct EPSDT age appropriate behavioral health screening which consists of:
  - Newborn-24 months: Parental interview
  - 3-8 years of age: Pediatric symptom checklist, parental interview, observation
  - 10-21 years of age: HEADDSS, GAPS, parental interview
- Initiate and coordinate behavioral health referrals, and provide a letter to the member about behavioral health services.
- Monitor whether a patient has received services (the RBHA is required to send a 4.3.1. document indicating Coordination of Care).
- Keep any information received from a behavioral health provider regarding the member in the member’s medical record.
- Initial and date copies of referrals or information sent to a behavioral health provider before placing in the member’s medical record.
- If the member has not yet been seen by the PCP, this information may be kept in an appropriately labeled file in lieu of actually establishing a medical record, but must be associated with the member’s medical record as soon as one is established.
- Maintain any behavioral health records pertaining to the patient including the 4.3.1. document.
- Respond within 10 business days to requests for information from the Regional Behavioral Health Authority (RBHA) or contracted provider.
- Maintain close communication and coordination with the RBHA behavioral health provider (4.3.1 information is sent post intake), changes in medication, or changes in BH conditions and annually.

PCPs, behavioral health and children:
- PCPs can provide medication management services (i.e. prescriptions, med visits, labs and other diagnostic tests) for patients enrolled in AHCCCS that have a diagnosis of depression, anxiety or ADD/ADHD.
- PCPs may provide behavioral health services within their scope of practice. Developmental Surveillance shall be performed with the PCP at each EPSDT visit.
- Mercy Care has psychotropic medications on its preferred drug list for treating depression, anxiety and ADD/ADHD.
- AHCCCS has developed evidence-based practice guidelines for the treatment of anxiety, depression, post-partum depression and ADD/ADHD. Included in these guidelines are, for example, helpful screening tools to assist in screening for anxiety, depression, post-partum depression and ADD/ADHD. The guidelines are located on the Mercy Care provider website. PCPs should become familiar with these guidelines.

PCP referrals:
- For patients who present with a behavioral health disorder other than ADD/ADHD, PCPs should refer patients to the RBHA. For behavioral health disorders that are outside a PCPs scope of practice, PCPs should refer to the Regional Behavioral Health Authority (RBHA).

How to refer to the RBHA:
- Patient or PCP office can call the RBHA directly for services (RBHA contact information included)
- PCPs office can fax PM Form 3.3.1 to RBHA directly for member to receive BH services (this PM form is included, as well as RBHA contact information).
When to transfer psychiatric care to the RBHA:
- When a member does not respond to treatment and therefore needs additional behavioral health services.
- When a patient presents with a behavioral health disorder other than anxiety, depression, or ADD/ADHD.
- When a patient has experienced a sentinel event (i.e. attempted suicide) or an inpatient hospitalization for a behavioral health diagnosis.
- When the PCP feels a patient’s behavioral health disorder is outside their scope of practice.
- When the PCP is not comfortable treating the patient’s behavioral health disorder.

Transferring care to the RBHA:
- PCPs need to make sure they give the patient enough of his/her psychotropic medication to last through the transition so that there is no interruption in the medication regime (an appointment for a patient to see a RBHA prescriber may take up to 30 days or longer; therefore, the PCP’s oversight is very important).
- PCPs need to transfer all applicable records to the RBHA provider per HIPPA guidelines, including but not limited to, reason for referral/transfer, diagnostic information, medical history, medication history and all current prescriptions provided for the patient, including timeframes for dispensing and refilling medications during the transition period (all this information needs to be forwarded to the RBHA prescriber prior to the member’s first appointment with the RBHA prescriber).
- PCPs need to maintain documentation in the patient’s medical record related to the transition to the RBHA that includes at least the following:
  1. Ongoing treatment during the transition.
  2. The date the patient was referred.
  3. The reason the patient was referred.
  4. Receiving contact name and pertinent information.
  5. The date that the medical record was forwarded to the RBHA, as well as what was medical records were provided to the RBHA.
  6. Any other pertinent information.

Sharing medical information:
- During the transfer of care to the RBHA, and on an ongoing basis, the PCP’s office needs to be responsive to a RBHA’s request for medical information within 10 business days?
- The response to the RBHA should comprise, but is not limited to, all pertinent information including:
  1. Current diagnoses
  2. Current medications
  3. Lab results
  4. Date of last PCP visit
  5. Recent hospitalizations (last six months).

Behavioral health information:
- When behavioral health information is received by the PCP, the PCP needs to establish a patient medical record or appropriately labeled file even if the PCP has yet to see the assigned patient.
- PCPs should review and initial all records forwarded to the PCP by patients’ behavioral health providers.

PCP updates:
- When a patient is enrolled in the RBHA, the PCP needs to provide to the RBHA provider updates regarding:
  1. Diagnosis of chronic conditions.
  2. All medications prescribed.
  3. Support for the petitioning process.
  4. Any other clinically significant information.
Step Therapy process:
- If a patient is referred back to the PCP by the RBHA for treatment of anxiety, depression or ADD/ADHD, the PCP should provide the same medication at the same dose as the RBHA, unless there was a subsequent change in medical condition of the patient. Mercy Care will provide this medication, even if it is not on the Mercy Care preferred drug list.
- If the patient or his/her parent/guardian reports patient having tried several medications and/or has participated in step therapy for anxiety, depression or ADD/ADHD, the PCP should consult, or obtain information from the patient’s previous RBHA provider prior to the current treatment regime.

Behavioral Health
Regional Behavioral Health Authorities (RBHAs)

Maricopa County
Mercy Care RBHA
Information and referral .......................................................... 1-866-602-1979 or 602-586-1841 or TTY/TDD 711
Referral fax number .............................................................................................................................................. 1-844-424-3975
Behavioral Health Crisis line .............................................. 1-800-631-1314 or 602-222-9444 or TTY 1-800-327-9254

Pima County
Arizona Complete Health
Information and referral .......................................................... 1-866-495-6738
Referral fax number .............................................................................................................................................. 1-866-616-8773
Crisis phone line .............................................................................................................................................. 1-866-495-6735

Cochise, Gila, Graham, Greenlee, La Paz, Pinal, Santa Cruz, Yuma Counties
Arizona Complete Health
Information and referral .......................................................... 1-866-495-6738
Referral fax number .............................................................................................................................................. 1-800-398-6182
Crisis phone line .............................................................................................................................................. 1-866-495-6735
Psychiatric disorders presenting in young children are a public health concern, and they can negatively impact normative developmental trajectories in all spheres—social, emotional, and cognitive. One of the challenges in the field of behavioral health care for young children is the belief that young children cannot develop behavioral health disorders. Yet, these disorders if not recognized and appropriately diagnosed, may result in challenging behaviors, such as significant aggression toward others (e.g. biting, hitting, kicking) and emotional dysregulation (e.g. uncontrollable tantrums or crying). These behaviors, when not addressed can result in serious consequences such as child care expulsion, difficulty participating in family activities, and impaired peer relationships, making early intervention extremely important for families and caregivers that have young children with behavioral challenges.

Because of the complexities in treating infants and toddlers, the field of infant behavioral health has evolved to promote recognition of the rapid developmental processes and the importance of a healthy, secure child and parent/guardian/designated representative relationship. Given the unique needs of infants and toddlers, numerous therapeutic interventions exist, that can aid in reducing potentially damaging consequences. There is robust evidence supporting the use of relationship-based interventions, which focus on the child and parent/guardian/designated representative relationship. Generally, these treatment approaches focus on improving child and family/guardian/designated representative functioning relative to the identified emotional and/or behavioral challenges and can often be successful without introduction of pharmacological intervention.

In the absence of marked or sustained improvement, it may be necessary to follow the appropriate steps toward psychotropic intervention. However, “Psychotropic medications are only one component of a comprehensive biopsychosocial treatment plan that must include other components in addition to medication,” according to American Academy of Child and Adolescent Psychiatry.

The use of medications to treat psychiatric disorders in young children raises unique developmental and ethical challenges. While considering whether medication should be introduced in treatment, the benefits of the medication must be evaluated and compared to the potential biological and psychosocial side effects.

Best practice recommends at least three months of extensive assessment and psychotherapeutic intervention prior to any consideration of psychopharmacological intervention.

Arizona has recognized the need to implement revised initiatives for young children to address psychotropic medication use. As of May 2016, AHCCCS provided analysis and trending of current psychotropic prescribing practices, particularly for young children and children in the foster care system.

AHCCCS has reorganized the prevailing practice guideline into five sections that align with current process within Arizona. Additional revisions focus on updated research and findings with regard to psychotropic prescribing practices. Focus has been added to align with current Maternal Child Health/Early and Periodic Screening Diagnostic and Treatment (MCHEPSDT) practice, and Bright Futures. As such, the Guidelines within this document now comprise:
A. Assessment by Behavioral Health Professional/Provider,
B. Psychotherapeutic Interventions,
C. Psychiatric Evaluation,
D. Psychopharmacological Interventions, and

Please refer to the AHCCCS Practice Tool “Working with the Birth Through Five Population” for additional information on behavioral health screening, assessment, and treatment for children birth through five years of age.

Please visit www.Azahcccs.gov where additional information is available under Guides and Manuals for Health Plans and Providers: Psychiatric and Psychotherapeutic Best Practices for Children: Birth through Five Years of Age

AHCCCS has historically incorporated the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program to ensure that members under the age of 21 receive appropriate preventive and early intervention services for physical and behavioral health conditions (see AMPM Policy 430). Through formal policy and reporting requirements under CMS guidelines, participation has been measured in part through use of forms designated as “EPSDT Tracking Forms” (see AMPM Appendix B).
Although AHCCCS requires use of specific EPSDT forms available on the AHCCCS website, further guidance on the use of the forms is also available through Bright Futures. Both the Bright Futures website and Bright Futures Pocket Guide offer more detailed guidance on use of content within the tracking forms.
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430, Attachment A - Page 1 of 3

Effective Dates: 03/01/19, 05/07/19
Approval Dates: 10/23/06, 04/01/07, 10/1/08, 02/01/11, 04/01/14, 04/01/15, 10/18/18, 02/21/19
### Cervical Dysplasia Screening

| Age | x | x | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

### Oral Health Screening by PCP

| Age | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |

### Topical Fluoride Varnish

| Age | + | + | x | + | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |

### Dental Referral

| Age | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |

### Anticipatory Guidance

| Age | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |

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1. **Utilization of one AHCCCS approved developmental screening tools (ASQ and PEDS Tool) for members at 9, 18, and 24 months of age. The MCHAT may be used for members 16-30 months of age to assess the risk of autism spectrum disorders in place of the ASQ or PEDS Tool when medically indicated.**

2. **Newborn metabolic screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.**

3. **Oral health screenings to be conducted by the PCP at each visit starting at 6 months of age.**

4. **Fluoride varnish is limited in a primary care provider’s office to once every six months, during an EPSDT visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to two years of age.**

5. **First dental examination is encouraged to occur by age 1. Repeat every 6 months or as indicated by child’s risk status/susceptibility to disease.**

These are minimum requirements. If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. 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.

**Key:**
- x = to be completed
- + = to be performed for members at risk when indicated
- → x ← = the range during which a service may be provided, with the x indicating the preferred age

1 **NOTE:** If American Academy of Pediatrics guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered.

**NOTE:** The American Association of Pediatric Dentistry recommends that dental visits begin by age one (1). Referrals should be encouraged by one (1) year of age. Parents of young children may self-refer to a dentist within the Contractor’s network at any time.

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1 Removed asterisk footnote; not utilized in chart
### Vision Periodicity Schedule

| PROCEDURE/AGE | Newborn | 3-5 days | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 3 yr | 4 yr | 5 yr | 6 yr | 7 yr | 8 yr | 9 yr | 10 yr | 11 yr | 12 yr | 13 yr | 14 yr | 15 yr | 16 yr | 17 yr | 18 yr | 19 yr | 20 yr |
|---------------|---------|----------|------|------|------|------|-------|-------|-------|-------|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

**Key:**
- **S** = Subjective, by history
- **O** = Objective, by a standard testing method
- **+** = May be done more frequently if indicated or at increased risk.
- *** =** If the member is uncooperative, rescreen in 6 months.
- **O** = Objective, by a standard testing method
- **O** = Objective, by a standard testing method

Ocular photo screening with interpretation and report, bilateral is covered for children ages three to five as part of the EPSDT visit due to challenges with a child’s ability to cooperate with traditional vision screening techniques. Ocular photo screening is limited to a lifetime coverage limit of one.

### Hearing/Speech Schedule

| PROCEDURE/AGE | Newborn | 3-5 days | 2 Wks | 6 Wks | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 3 yr | 4 yr | 5 yr | 6 yr | 7 yr | 8 yr | 9 yr | 10 yr | 11 yr | 12 yr | 13 yr | 14 yr | 15 yr | 16 yr | 17 yr | 18 yr | 19 yr | 20 yr |
|---------------|---------|----------|------|-------|------|------|------|------|-------|-------|-------|-------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Hearing/Speech + | O** | S | O** | S | S | S | S | S | S | S | O | O | O | S | O | S | O | S | O | S | O | S | O | S | O | S | S | S | S | S | S |

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

**Key:**
- **S** = Subjective, by history
- **O** = Objective, by a standard testing method
- *** =** All children, including newborns, meeting risk criteria for hearing loss should be objectively screened.
- **=** May be done more frequently if indicated or at increased risk.
- **** = All newborns should be screened for hearing loss at birth and again 2 to 6 weeks afterward if indicated by the first screening or if a screening was not completed at birth.

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**RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE**

These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.

<table>
<thead>
<tr>
<th>AGE</th>
<th>12-24 months</th>
<th>2-6 years</th>
<th>6-12 years</th>
<th>12 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical oral examination including but not limited to the following:</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assess oral growth and development</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Caries-risk Assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment for need for fluoride supplementation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Anticipatory Guidance/Counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Oral hygiene counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dietary counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Injury prevention counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Counseling for nonnutritive habits</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Substance use counseling</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Counseling for intraoral/perioral piercing</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment for pit and fissure sealants</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Radiographic Assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prophylaxis and topical fluoride</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

1 First examination is encouraged to begin by age 1. Repeat every six months or as indicated by child’s risk status/susceptibility to disease.

**NOTE:** Parents/Guardians/Designated Representatives should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

**NOTE:** As in all medical care, dental care must be based on the individual needs of the member and the professional judgement of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule
Nutritional Assessment and Nutritional Therapy

Mercy Care covers nutritional assessment and nutritional therapy for EPSDT members on an enteral, parenteral or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member’s daily nutritional and caloric intake.

The following requirements apply:
- Must be assessed at each visit.
- Members in need of nutritional assessment or nutritional therapy should be identified and referred to a registered dietician in Mercy Care’s network.
- Members in need of nutritional supplements may be referred to Epic Medical Solutions, Mercy Care’s contracted DME provider for these services.
- Nutritional therapy requires prior authorization and approval by Mercy Care. In order to determine prior authorization, Mercy Care requires the AHCCCS Exhibit 320-2, Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (EPSDT Aged Members – Initial or Ongoing Requests) form, along with clinical notes, supporting documentation and evidence of required criteria as indicated in the Certificate of Medical Necessity be sent to Epic Medical Solutions. Their fax number is 480-883-1193. Epic Medical Solutions will contact Mercy Care to request prior authorization.
- Supporting documentation must accompany the Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (Members 21 Years of Age or Greater- Initial or Ingoing Requests). This documentation must demonstrate that the member meets all of the required criteria.

For detailed information regarding Nutritional Assessment and Nutritional Therapy, please refer to the AHCCCS Medical Policy Manual (AMPM), Chapter 400 – Medical Policy for Maternal and Child Health.

Certificate of Medical Necessity

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements must indicate which criteria were met when assessing the medical necessity of providing commercial oral nutritional supplements.

(a) The member has been diagnosed with a chronic disease or condition, is below the recommended BMI percentile (or weight-for-length percentile for members less than two years of age) for the diagnosis per evidence-based guidance as issued by the American Academy of Pediatrics, and there are no alternatives for adequate nutrition.

OR:

At least two of the following criteria have been met for the basis of establishing medical necessity:

(a) The member is at or below the 10th percentile for weight-for- length or BMI on the appropriate growth chart for age and gender, as recommended by the CDC, for three months or more.

(b) The member has reached a plateau in growth and/or nutritional status for more than six months, or more than three months if member is an infant less than one year of age.

(c) The member has already demonstrated a medically significant decline in weight within the three month period prior to the assessment.

(d) The member is able to consume/eat no more than 25% of his/her nutritional requirements from age-appropriate food sources.
Additionally, each of the following requirements must be met:

(a) The member has been evaluated and treated for medical conditions that may cause problems with growth (such as feeding problems, behavioral conditions or psychosocial problems, endocrine or gastrointestinal problems, etc.), and

(b) The member has had a trial of higher caloric foods, blenderized foods, or commonly available products that may be used as dietary supplements for a period no less than 30 days in duration. If it is determined through clinical documentation and other supporting evidence that a trial of higher caloric foods would be detrimental to the member’s overall health, the provider may submit Exhibit 430-2, Certificate of Medical Necessity for Commercial Oral Nutritional Supplements along with supporting documentation demonstrating the risk posed to the member for the Contractor’s Medical Director or Designee’s consideration in approving the provider’s prior authorization request.

**Epic Medical Solutions is Mercy Care’s vendor for all nutritional supplements.**

Please forward the AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements directly to them at:

Phone: **480-883-1188**
Toll free: **1-866-883-1188**
Fax: **480-883-1193**

**Metabolic Medical Foods**

Children who have been diagnosed with the following genetic metabolic conditions and who need metabolic medical foods may receive services through their genetics provider. Mercy Care covers metabolic foods, within the limitations specified in the *AHCCCS Medical Policy Manual, (AMPM), Chapter 300 - 320-H Metabolic Medical Foods*, for any member diagnosed with one of the following inherited metabolic conditions:

- Phenylketonuria
- Homocystinuria
- Maple Syrup Urine Disease
- Galactosemia (requires soy formula)
- Beta Keto-Thiolase Deficiency
- Citrullinemia
- Glutaric Acidemia Type I
- Methylcrotonyl CoA Carboxylase Deficiency
- Isovaleric Acidemia
- Methylmalonic Acidemia
II. Childhood immunizations
Successful strategies for childhood immunizations

According to recent literature, combinations of office-based systems- including chart and flagging for needed services, risk-assessment forms, flow sheets, and reminder/recall systems- can improve immunization rates. Studies have also found that providing patient and/or parent/guardian education using multiple strategies appear to be more effective than single efforts. Highlighted below are the current best practices.

**Chart previewing**

- Review patient records prior to the scheduled appointment to check for skipped or missed immunizations.
- Use the State or local registry to check for vaccinations that could be given at each visit.
- Review each patient’s immunization status at all visits- including acute, chronic care and/or well-child appointments.

**Parent communication**

- Put parents at ease during children’s immunizations.
- Distribute Vaccine Information Statements (VIS) prior to administering the vaccine.
- Explain the importance of immunizations to parents, be open and understanding towards parents’ concerns. Use handouts to help in these discussions, and to answer further questions.
- Teach parents restraint techniques, comfort measures and aftercare.
- If parent/guardian does not wish to immunize their child/children have the parent sign the “Refusal to Immunize Form” and place in patients charts.

**Office procedures**

- Offer immunization-only appointments to increase accessibility.
- Take every opportunity that a patient is in the office to immunize him/her if appropriate.
- Maintain a manual list of patients whose parents/guardians are not compliant with recommended immunizations. Call the parents/guardians to have them bring their child in for an appointment.
- Give the parents/guardians and immunization schedule at their child’s first visit.

**Ongoing education and communication**

- Produce printed labels for each of the vaccinations given to children. These labels should indicate the vaccine and lot numbers.
- When shots are administered, place a label in the progress note sections of the patient’s chart, this helps reduce the amount of time spent on documenting such vaccines.
- Maintain procedures and/or proper documentation tools for all steps associated with immunizing a patient.
Childhood immunizations: Points to remember

1. Childhood immunizations required by 2 years of age (children should have the following shots BEFORE their 2nd birthday):
   - 4 DTaP by 18 months
   - 3 IPV by 18 months
   - 3 Hep B by 18 months
   - 3 or 4 HIB (depending on the manufacture) by 18 months
   - 2 Hep A
   - 1 MMR between 12 and 18 months
   - 1 VZV between 12 and 18 months
   - 4 PCV by 18 months
   - 2 or 3 RV (Rotavirus) by 8 months.

2. DTaP, IPV or Hib vaccinations administered prior to 42 days after births are invalid.

3. The 4th dose of DTaP may be administered as early as 12 months of age, provided six months have elapsed since the 3rd dose.

4. The 3rd dose of HepB must be given after six months of age.

5. If PRP-OMP (Pedvax Hib or Comvax HepB-Hib) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.

6. When to document contraindications in ASIIS:
   - When child has had chicken pox - document HISTORY (contraindications) for the Varicella vaccine.
   - If the parent/guardians refuse vaccinations for their child due to religious or philosophical beliefs - document PARENT REFUSAL (vaccine deferrals) for all vaccines refused.

7. If parent/guardian does not wish to immunize their child/children have the parent sign the “Refusal to Immunize Form” and place in patients chart.
Creating an immunization friendly office environment

Providers are mandated under Arizona Revised Statute (A.R.S. §36-135) to report all immunizations administered to children from birth to 18 years of age using ASIIS.

Entering all immunizations (including historical records) into ASIIS is not only required but will result in fewer communications from health plans. Children who are up to date on their shots in ASIIS are not included in provider outreach or requests for records during audits. Per AMPM 430, Providers need to document immunizations in ASIIS for members who are 19 and 20 years of age as well.

The Arizona State Immunization Information System (ASIIS) program offers tools and services to enhance the quality of your immunization service delivery.

ASIIS provides training the first Tuesday of each month and advanced classes are offered quarterly. In these trainings and classes, you will learn how to use the following features:

- **Reminder/recall postcard and labels:** Now you can send out reminders to get your patients back on time for their next series of immunizations.
- **Forecasting:** What shots does a child need next and when?
- **Access to millions of patient records and each patient’s immunization history.**
- **Vaccines for Children Program vaccine accountability reports.**
- **A mean of electronically reporting your data to ASIIS:** Reduce your office’s paper load and avoid data entry.

For more information or technical assistance regarding ASIIS:
Call: **1-877-491-5741**, or log onto: [https://asiis.azdhs.gov](https://asiis.azdhs.gov)

Other important immunization phone numbers

**Arizona Immunization Program office**
Office......................................................................................................................................................602-364-3630
www.azdhs.gov/phs/immunization/

**National Immunization Program**
(CDC)......................................................................................................................................................1-800-232-4636
www.cdc.gov

**Vaccines for Children Program**
(VFC)......................................................................................................................................................602-364-3642
www.azdhs.gov

**The Arizona Partnership for Immunization**
(TAPI)......................................................................................................................................................602-288-7568
www.whyimmunize.org
PATIENT IMMUNIZATION RECORDS

1. Viewing Patient Records
2. Editing Patient Records
3. Adding New Patients
4. Reporting Administered Immunizations
5. Recording Historical Immunizations
6. Vaccination Forecasts and Summary
To search for a patient, use the initial of the patient’s first name, the patient’s date of birth and click **Search**. In the example below, we are searching for Minnie Mouse born on January 16, 2011.
If the patient record appears in the search results, simply click the arrow next to the patient name to view/edit the record. If the record does not appear the patient will need to be added to the registry. Please see slide 20 for instructions on adding new patients to ASIIS.

Only users with editing privileges are allowed to add patients to ASIIS.
This is the patient demographic screen. Always verify that the information listed in the patient demographic screen is correct and up to date. If there are any changes that need to be made, simply click **Edit**. Only users with editing privileges are allowed to add patients to ASIIS.
Fill in the additional information and click save.

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<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
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<td>First Name</td>
<td>MINNIE</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>MOUSE</td>
</tr>
<tr>
<td>Suffix</td>
<td>--none--</td>
</tr>
<tr>
<td>Birth Date</td>
<td>01/10/2011</td>
</tr>
<tr>
<td>Birth Time</td>
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<tr>
<td>Sex</td>
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<tr>
<td>Other Name</td>
<td>RAT</td>
</tr>
<tr>
<td>Mother's Name</td>
<td></td>
</tr>
<tr>
<td>Father's Name</td>
<td></td>
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<td></td>
</tr>
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<td>Guardian 1 First</td>
<td>MARY</td>
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<td>Guardian 1 Middell</td>
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<tr>
<td>Guardian 1 Last</td>
<td>MOUSE</td>
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<tr>
<td>Guardian 2 First</td>
<td></td>
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<tr>
<td>Guardian 2 Middell</td>
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<tr>
<td>Birth Time</td>
<td></td>
</tr>
</tbody>
</table>

Save
To view the selected patient’s immunization record select “View/Add” from the Vaccinations tab located in the navigation bar.
This is a screen shot of the Patient Vaccination View/Add screen.

Logged in: KELSEY PISTOTNIK VFC
RMS: TEST SITE 1 (91160)

Date: April 12, 2013

Patient
Name: MINNIE MOUSE
Date of Birth: 01/16/2011
Still Patient ID: 6238383
Age: 116 weeks, 26 months, 2 yrs
Guardian: MARY MOUSE
Status: Active

Print Page
Vaccination View/Add
(1 = Historicals, 2 = Adverse Reaction, 3 = Titer Warning, 4 = Warning, 5 = Warning, 6 = Unverified Historicals, 7 = Compromised Vaccination)
Documented By: --select--
Double-click in any date field below to enter the default date: 04/12/2013

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DTP/HRB/HPV</td>
<td>03/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
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<tr>
<td>Hep A 2 dose - Ped/Adol</td>
<td>01/17/2012</td>
<td>08/25/2012</td>
<td></td>
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<tr>
<td>Hep B - Ped/Adol - pres. free</td>
<td>01/10/2011</td>
<td>03/17/2011</td>
<td>07/19/2011</td>
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<tr>
<td>Hib - PRPOMP</td>
<td>02/14/2012</td>
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<td>02/14/2012</td>
<td>10/03/2012</td>
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<tr>
<td>MMR/Varicella</td>
<td>01/17/2012</td>
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<td>Pneumococcal, PCV-13</td>
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<td>05/16/2011</td>
<td>07/19/2011</td>
<td>01/17/2012</td>
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<tr>
<td>Rotavirus, pentavalent RV5</td>
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<td>05/18/2011</td>
<td>07/19/2011</td>
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<td>DTaP/Hep B/HPV</td>
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<td>DTaP/HRP</td>
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<td>HPV, quadrivalent</td>
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<tr>
<td>HPV, bivalent</td>
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<tr>
<td>Hb - FRP-T</td>
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<tr>
<td>iPV</td>
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<tr>
<td>Influ inact 45+ mos pres free</td>
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<td>Influenza, intradermal, pres free</td>
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</tr>
<tr>
<td>Influ split 36+ mos</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influ split 36+ mos pres free</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ADDING NEW PATIENTS
To add a patient record, begin by searching for the patient. The most efficient search method is to use the initial of the patient’s first name and the patient’s date of birth. By utilizing this method you will help to identify and prevent any duplications or inaccuracies in the patient’s record.
This patient record was not found. The patient will need to be added.
To add a new patient record, complete the fields highlighted in **red**. Click the “**Check here if adding a new patient**” box and select **Search**.
Verify that the patient record you are attempting to add does not appear in the patient search results.
If the patient does not appear in the search results, click Add Patient to proceed.
Complete the patient demographic form.

```
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>GIMMEA</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>GOOD</td>
</tr>
<tr>
<td>Last Name:</td>
<td>SHOT</td>
</tr>
<tr>
<td>Suffix:</td>
<td>--none--</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>01/01/2000</td>
</tr>
<tr>
<td>Birth File #:</td>
<td>789466</td>
</tr>
<tr>
<td>Sex:</td>
<td>FEMALE</td>
</tr>
<tr>
<td>Mother/Maiden Name:</td>
<td></td>
</tr>
<tr>
<td>Military:</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Address 1:</td>
<td>1234 America Rd.</td>
</tr>
<tr>
<td>County:</td>
<td>United States</td>
</tr>
<tr>
<td>County/Parish:</td>
<td>MARICOPA</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:gimmea@vaccines.com">gimmea@vaccines.com</a></td>
</tr>
<tr>
<td>Guardian 1 First:</td>
<td>GOTTA</td>
</tr>
<tr>
<td>Guardian 1 Middle:</td>
<td>QUICK</td>
</tr>
<tr>
<td>Guardian 1 Last:</td>
<td>SHOT</td>
</tr>
<tr>
<td>Guardian 2 First:</td>
<td></td>
</tr>
<tr>
<td>Guardian 2 Last:</td>
<td></td>
</tr>
<tr>
<td>Guardian Work Phone:</td>
<td></td>
</tr>
<tr>
<td>Alias First Name:</td>
<td></td>
</tr>
<tr>
<td>Alias Last Name:</td>
<td></td>
</tr>
<tr>
<td>Allergies:</td>
<td>PEANUTS</td>
</tr>
<tr>
<td>Association:</td>
<td>--select--</td>
</tr>
<tr>
<td>Monthly Income:</td>
<td>100000</td>
</tr>
<tr>
<td>Number in Family:</td>
<td>10</td>
</tr>
<tr>
<td>School:</td>
<td>AMERISCHOOLS ACADEMY (CHARTER)</td>
</tr>
<tr>
<td>Health Plan:</td>
<td>YAHOO HEALTH PLM</td>
</tr>
<tr>
<td>Other Health Plans:</td>
<td></td>
</tr>
</tbody>
</table>
```
After completing the patient demographic form click **Save** at the bottom of the page.
The patient was successfully added to ASIIS.
Reporting Administered Immunizations in ASIIS
REPORTING ADMINISTERED IMMUNIZATIONS IN ASIIS

Administered vaccinations are vaccinations that were administered by your practice. Vaccinations administered by your practice must be entered into ASIIS as an administered dose.

This process will ensure that lot numbers are decremented from your inventory in ASIIS.
To add an administered vaccination select “View/Add” from the Vaccinations tab located in the navigation bar.
Enter the date that the vaccine was administered as shown below. To report multiple vaccinations, simply enter the date of administration next to each vaccine that was administered.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>DTaP-Hep B/PPV</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Hep A 2 dose - Ped/Adol</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Hep B Ped/Adol - Presv Free</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Hib-IPV</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Hib-IPV-T</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>HPV, quadrivalent</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Influenza split, 6-35 mos</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Influenza split 36+ mos</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Influenza Nasal Spray</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>IPV</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Merck, (MCV4P)</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>MMR</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Pneumococcus, PCV-13</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Rotavirus, pentavalent RvS</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Tdap</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Variesia</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>DTaP-Hep B/PPV</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
<td>XX</td>
</tr>
</tbody>
</table>
Once all of the administration dates have been inputted for all the vaccinations, scroll down and select Add Administered.
Enter the eligibility status of the patient and click Continue.

<table>
<thead>
<tr>
<th>Patient</th>
<th>VFC Eligibility Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: GIMMEA SHOT</td>
<td>Current VFC Status: (ineligible)</td>
</tr>
<tr>
<td>Date of Birth: 01/01/2000</td>
<td></td>
</tr>
<tr>
<td>Guardian: QOTTA</td>
<td></td>
</tr>
<tr>
<td>SIDS Patient ID: 213334</td>
<td></td>
</tr>
<tr>
<td>Age: 12 yrs</td>
<td></td>
</tr>
<tr>
<td>Status: Active</td>
<td></td>
</tr>
</tbody>
</table>

Options for Update VFC Eligibility:
- Eligible
- Uninsured
- Medicaid
- Underinsured
- AHCCCS
- Native American
- Alaskan
- Ineligible
To attach the administered vaccine information to the patient record click in the ‘Manufacturer’ text box or on the ‘click to select’ link to enter manufacturer information. This process will ensure that the Lot number is decremented from your inventory in ASIIS.
The ‘Select Lot Number’ box will appear upon clicking on the manufacturer text box or on the ‘click to select’ link. The box will display all of the lot numbers that are listed in your ASIIS inventory for that particular vaccine. To attach the lot number to the patient, click the arrow next to the vaccine that was administered. VFC providers are required to attach the administered lot number information to the patient record. 

Note: The lot number must be in your ASIIS inventory to be selected.
Once the vaccine has been selected, ASIIS will automatically populate the appropriate vaccine information as shown below. Once all fields have been completed click **Save**. **This process will effectively decrement this dose from your inventory.**

![Screenshot of ASIIS interface]

**Logged in:** JASON ROGERS  
**IRMS:** ABC CLINIC (10146)  
**Patient:**  
**Name:** GIMMEA SHOT  
**Date of Birth:** 01/01/2000  
**Guardian:** OUTTA  
**SIIS Patient ID:** 213334  
**Age:** 12 yrs  
**Status:** Active

**Vaccination Detail Add**  
**Vaccine:** DTaP  
**Date Administered:** 05/23/2012  
**Habitual:**  
**Confidential:**  
**Manufacturer:** GLAXSMITHKLINE  
**Lot Number:** SampleLot  
**Lot Facility:**  
**Publicly Supplied:** y  
**Facility:** -select-  
**Vaccinator:** SMITH ALY  
**Anatomical Site:** Left Arm  
**Anatomical Route:** Intramuscular  
**Dose Size:** Full  
**Volume (CC):** 100.0  
**VFC Status:** AHCCCCS  

'VFC Status' will be ignored if lot number is not VFC eligible.

**District/Region:**  
**VFC Publications Dates:**  
**Date VFC Form Given:** 05/23/2012  
**Comments:**
Once the administered vaccine has been successfully recorded, you will be directed to the **Vaccination View/Add** screen. The vaccination date will appear in blue as seen below. To view/edit the vaccination details simply click the date of the vaccination.
This is the **Vaccination Detail** screen. You can view the vaccine information here.

<table>
<thead>
<tr>
<th><strong>Patient</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>GIMLEA SHOT</td>
<td></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td>01/01/2000</td>
<td></td>
</tr>
<tr>
<td><strong>Guardian</strong></td>
<td>COTTA</td>
<td></td>
</tr>
</tbody>
</table>

**Date Administered:** 05/23/2012

**Vaccine:** DTaP

**Warning Group 2 Indicator:** DTaP/DT/Td; DTaP administered at <= 7 years of age.

**Manufacturer:** GLAXOSMITHKLINE

**Lot Number:** SAMPLELOT

**Publicly Supplied:** Yes

**Vaccinator:** SMITH, AMY

**IRMS:** 10146 - ABC CLINIC

**Facility:** ABC CLINIC

**Anatomical Site:** Left Arm

**Dose Size:** Full

**Volume (CC):** 100.0

**Date Form Given:** 05/23/2012
Before the administered dose was added to ASIIS, the quantity on hand for SAMPLELOT DTaP was 10. Because all of the vaccine information was attached the administered dose, it was decremented (subtracted) from the ASIIS inventory. The quantity on hand for SAMPLELOT DTaP is now 9, as shown below. Click on ‘Reconciliation’ under Lot Numbers in the Navigation Bar to access this screen.
Recording Historical Vaccination Records in ASIIS

Historical vaccinations are vaccinations that were NOT administered by your practice.
Use “Add Historicals” if your practice DID NOT administer the vaccine to the patient.

To enter a vaccination **that was not** administered by your practice, enter the date in an empty box next to the appropriate vaccine and click “Add Historicals”. (You must first select a patient to access this screen.)
Once the historical record is successfully recorded, the date will appear in **blue** letters with an asterisk as shown below.

**Entering records as historical will not decrement lot numbers from your inventory in ASIIS.**
Vaccination Forecasts and Summary
To view the vaccination forecast for the selected patient simply select ‘Forecast’ from the tab in the navigation bar.
The **Vaccination Forecast** identifies the recommended vaccination schedule for the selected patient.

<table>
<thead>
<tr>
<th>Vaccine Family</th>
<th>Dose</th>
<th>Recommended Date</th>
<th>Minimum Valid Date</th>
<th>Overdue Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DT/Td</td>
<td>4</td>
<td>01/19/2012</td>
<td>01/19/2012</td>
<td>09/18/2012</td>
<td>Past Due</td>
</tr>
<tr>
<td>Flu</td>
<td>4</td>
<td>10/01/2013</td>
<td>10/01/2013</td>
<td>10/31/2013</td>
<td>Up to Date</td>
</tr>
<tr>
<td>MMR</td>
<td>2</td>
<td>01/16/2015</td>
<td>02/14/2012</td>
<td>01/15/2018</td>
<td>Up to Date</td>
</tr>
<tr>
<td>Polio</td>
<td>4</td>
<td>01/10/2015</td>
<td>01/10/2015</td>
<td>01/10/2018</td>
<td>Up to Date</td>
</tr>
<tr>
<td>Varicella</td>
<td>2</td>
<td>01/15/2015</td>
<td>04/17/2012</td>
<td>01/15/2018</td>
<td>Up to Date</td>
</tr>
<tr>
<td>HPV</td>
<td>1</td>
<td>01/10/2022</td>
<td>01/10/2020</td>
<td>01/10/2024</td>
<td>Up to Date</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>1</td>
<td>01/15/2022</td>
<td>01/16/2022</td>
<td></td>
<td>Up to Date</td>
</tr>
</tbody>
</table>

* DTaP or DT should be given to patients under 7 years of age. One dose of Tdap should be administered to underimmunized children 7 years of age and older or as a booster dose. Td should be administered when appropriate.

** If an adolescent has already begun the routine 3 doses Hep-B schedule, they should not be changed to the 2 dose schedule.

Due Now — As of today’s date, the patient’s age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.  
Past Due — As of today’s date, the recommended maximum age or the recommended minimum age for this dose has passed.  
Up to Date — As of today’s date, the patient is not due or past due.  
Optional — This vaccine may be administered today. Although the usual “recommended” date has not been met, the minimum valid date for this dose has been met.
To view the vaccination summary for the selected patient simply select ‘Summary’ from the tab in the navigation bar.
The **Vaccination Summary** report provides an overview of the selected patient’s immunization record.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Date 3</th>
<th>Date 4</th>
<th>Date 5</th>
<th>Date 6</th>
<th>Date 7</th>
<th>Date 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTPa/DPP/Td</td>
<td>8 weeks</td>
<td>03/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV/IPV</td>
<td>8 weeks</td>
<td>03/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>12 months</td>
<td>01/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>8 weeks</td>
<td>03/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
<td>02/14/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep A</td>
<td>12 months</td>
<td>01/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
<td>02/14/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B - 3 Dose</td>
<td>6 weeks</td>
<td>01/18/2011</td>
<td>02/17/2011</td>
<td>07/19/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>12 months</td>
<td>01/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>8 weeks</td>
<td>03/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>12 months</td>
<td>10/15/2011</td>
<td>02/16/2012</td>
<td>10/15/2011</td>
<td>12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumo (PCV)</td>
<td>8 weeks</td>
<td>03/17/2011</td>
<td>05/18/2011</td>
<td>07/19/2011</td>
<td>01/17/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You are done!

Please register that you have completed this training module by completing the training registration form at http://www.surveymonkey.com/s/CXL2RPY. You will be asked to provide your name, the module you completed, the date on which you completed the module, and a work email address.
### 2019 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 month</td>
<td>HepB</td>
</tr>
<tr>
<td>2 months</td>
<td>HepB</td>
</tr>
<tr>
<td>4 months</td>
<td>HepB</td>
</tr>
<tr>
<td>6 months</td>
<td>HepB</td>
</tr>
<tr>
<td>12 months</td>
<td>HepB</td>
</tr>
<tr>
<td>15 months</td>
<td>HepB</td>
</tr>
<tr>
<td>18 months</td>
<td>HepB</td>
</tr>
<tr>
<td>19-23 months</td>
<td>DTaP, PCV, Hib, Polio, RV, Influenza (yearly, 6 months through 18 years)</td>
</tr>
<tr>
<td>2-3 years</td>
<td>DTaP, IPV, MMR, Varicella, Influenza (yearly, 6 months through 18 years)</td>
</tr>
<tr>
<td>4-6 years</td>
<td>DTaP, IPV, MMR, Varicella, Influenza (yearly, 6 months through 18 years)</td>
</tr>
</tbody>
</table>

#### FOOTNOTES:
- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- † Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.
- § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.
- **If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.**

For more information, visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents) or call toll-free 1-800-CDC-INFO (1-800-232-4636).
### Vaccine-Preventable Diseases and the Vaccines that Prevent Them

<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease spread by</th>
<th>Disease symptoms</th>
<th>Disease complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella vaccine protects against chickenpox.</td>
<td>Air, direct contact</td>
<td>Rash, tiredness, headache</td>
<td>Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>DTaP* vaccine protects against diphtheria.</td>
<td>Air, direct contact</td>
<td>Sore throat, mild fever, weakness, swollen glands in neck</td>
<td>Swelling of the heart muscle, heart failure, coma, paralysis, death</td>
</tr>
<tr>
<td>Hib</td>
<td>Hib vaccine protects against <em>Haemophilus influenzae</em> type b.</td>
<td>Air, direct contact</td>
<td>May be no symptoms unless bacteria enter the blood</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>HepA vaccine protects against hepatitis A.</td>
<td>Direct contact, contaminated food or water</td>
<td>May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine</td>
<td>Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>HepB vaccine protects against hepatitis B.</td>
<td>Contact with blood or body fluids</td>
<td>May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain</td>
<td>Chronic liver infection, liver failure, liver cancer</td>
</tr>
<tr>
<td>Influenza (Flu)</td>
<td>Flu vaccine protects against influenza.</td>
<td>Air, direct contact</td>
<td>Fever, muscle pain, sore throat, cough, extreme fatigue</td>
<td>Pneumonia (infection in the lungs)</td>
</tr>
<tr>
<td>Measles</td>
<td>MMR** vaccine protects against measles.</td>
<td>Air, direct contact</td>
<td>Rash, fever, cough, runny nose, pink eye</td>
<td>Encephalitis (brain swelling), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Mumps</td>
<td>MMR** vaccine protects against mumps.</td>
<td>Air, direct contact</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain</td>
<td>Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness</td>
</tr>
<tr>
<td>Pertussis</td>
<td>DTaP* vaccine protects against pertussis (whooping cough).</td>
<td>Air, direct contact</td>
<td>Severe cough, runny nose, apnea (a pause in breathing in infants)</td>
<td>Pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td>Polio</td>
<td>IPV vaccine protects against polio.</td>
<td>Air, direct contact, through the mouth</td>
<td>May be no symptoms, sore throat, fever, nausea, headache</td>
<td>Paralysis, death</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV13 vaccine protects against pneumococcus.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, pneumonia (infection in the lungs)</td>
<td>Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RV vaccine protects against rotavirus.</td>
<td>Through the mouth</td>
<td>Diarrhea, fever, vomiting</td>
<td>Severe diarrhea, dehydration</td>
</tr>
<tr>
<td>Rubella</td>
<td>MMR** vaccine protects against rubella.</td>
<td>Air, direct contact</td>
<td>Sometimes rash, fever, swollen lymph nodes</td>
<td>Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects</td>
</tr>
<tr>
<td>Tetanus</td>
<td>DTaP* vaccine protects against tetanus.</td>
<td>Exposure through cuts in skin</td>
<td>Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever</td>
<td>Broken bones, breathing difficulty, death</td>
</tr>
</tbody>
</table>

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.
INFORMATION FOR PARENTS

2019 Recommended Immunizations for Children 7–18 Years Old

Talk to your child’s doctor or nurse about the vaccines recommended for their age.

<table>
<thead>
<tr>
<th>Ages</th>
<th>Flu Influenza</th>
<th>Tdap Tetanus, diphtheria, pertussis</th>
<th>HPV Human papillomavirus</th>
<th>Meningococcal</th>
<th>Pneumococcal</th>
<th>Hepatitis B</th>
<th>Hepatitis A</th>
<th>Polio</th>
<th>MMR Measles, mumps, rubella</th>
<th>Chickenpox Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-8 Years</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
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<tr>
<td>9-10 Years</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
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<tr>
<td>11-12 Years</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
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<tr>
<td>13-15 Years</td>
<td>Yellow</td>
<td>Yellow</td>
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<td>Yellow</td>
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<td>Yellow</td>
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<td>Yellow</td>
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<tr>
<td>16-18 Years</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
<td>Yellow</td>
</tr>
</tbody>
</table>

More information:
- Everyone 6 months and older should get a flu vaccine every year.
- All 11- through 12-year olds should get one shot of Tdap.
- All 11- through 12-year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.
- All 11- through 12-year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.
- Teens 16–18 years old may be vaccinated with a serogroup B meningococcal (MenB) vaccine.

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.
These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/.
This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.
Vaccine-Preventable Diseases and the Vaccines that Prevent Them

**Diphtheria** (Can be prevented by Tdap vaccination)
Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be spread from person to person by direct contact with droplets from an infected person’s cough or sneeze. When people are infected, the bacteria can produce a toxin (poison) in the body that can cause a thick coating in the back of the nose or throat that makes it hard to breathe or swallow. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In serious cases, the illness can cause coma, paralysis, or even death.

**Hepatitis A** (Can be prevented by HepA vaccination)
Hepatitis A is an infection in the liver caused by hepatitis A virus. The virus is spread primarily person to person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms can include fever, tiredness, poor appetite, vomiting, stomach pain, and sometimes jaundice (when skin and eyes turn yellow). An infected person may have no symptoms, may have mild illness for a week or two, may have severe illness for several months, or may rarely develop liver failure and die from the infection. In the U.S., about 100 people a year die from hepatitis A.

**Hepatitis B** (Can be prevented by HepB vaccination)
Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rashes, joint pain, and jaundice. Symptoms of acute hepatitis B include fever, fatigue, loss of appetite, nausea, vomiting, pain in joints and stomach, dark urine, grey-colored stools, and jaundice (when skin and eyes turn yellow).

**Human Papillomavirus** (Can be prevented by HPV vaccination)
Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, oropharyngeal cancer (back of the throat), and genital warts in both men and women.

**Influenza** (Can be prevented by annual flu vaccination)
Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle and joint pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

**Measles** (Can be prevented by MMR vaccination)
Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

**Meningococcal Disease** (Can be prevented by meningococcal vaccination)
Meningococcal disease has two common outcomes: meningitis (infection of the lining of the brain and spinal cord) and bloodstream infections. The bacteria that cause meningococcal disease spread through the exchange of nose and throat droplets, such as when coughing, sneezing, or kissing. Symptoms include sudden onset of fever, headache, and stiff neck. With bloodstream infection, symptoms also include a dark purple rash. About one in every 10 people who gets the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

**Mumps** (Can be prevented by MMR vaccination)
Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object like a toy. The mumps virus causes swollen salivary glands under the ears or jaw, fever, muscle aches, tiredness, abdominal pain, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the lining of the brain and spinal cord), encephalitis (inflammation of the brain), permanent hearing loss, or swelling of the testes, which rarely results in decreased fertility.

**Pertussis** (Whooping Cough) (Can be prevented by Tdap vaccination)
Pertussis spreads very easily through coughing and sneezing. It can cause a bad cough that makes someone gasp for air after coughing fits. This cough can last for many weeks, which can make preteens and teens miss school and other activities. Pertussis can be deadly for babies who are too young to receive the vaccine. Often babies get whooping cough from their older brothers or sisters, like preteens or teens, or other people in the family. Babies with pertussis can get pneumonia, have seizures, become brain damaged, or even die. About half of children under 1 year of age who get pertussis must be hospitalized.

**Pneumococcal Disease** (Can be prevented by pneumococcal vaccination)
Pneumococcal disease is an infection of the lungs that can be caused by the bacteria called “pneumococci.” These bacteria can cause other types of infections, too, such as ear infections, sinus infections, meningitis (infection of the lining of the brain and spinal cord), and bloodstream infections. Sinus and ear infections are usually mild and are much more common than the more serious forms of pneumococcal disease. However, in some cases, pneumococcal disease can be fatal or result in long-term problems like brain damage and hearing loss. The bacteria that cause pneumococcal disease spread when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

**Polio** (Can be prevented by IPV vaccination)
Polio is caused by a virus that lives in an infected person’s throat and intestines. It spreads through contact with the stool of an infected person and through droplets from a sneeze or cough. Symptoms typically include sore throat, fever, tiredness, nausea, headache, or stomach pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, about 2 to 10 children out of 100 die because the virus affects the muscles that help them breathe.

**Rubella** (German Measles) (Can be prevented by MMR vaccination)
Rubella is caused by a virus that is spread through coughing and sneezing. In children, rubella usually causes a mild illness with fever, swollen glands, and red rash that lasts many days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result for the baby can be devastating, including miscarriage, serious heart defects, mental retardation, and loss of hearing and eyesight.

**Tetanus** (Lockjaw) (Can be prevented by Tdap vaccination)
Tetanus is caused by a bacteria that lives in the soil, dust, and manure. The bacteria enter the body through a puncture, cut, or sore on the skin. Complete recovery from tetanus can take months. One to two out of 10 people who get tetanus die from the disease.

**Varicella** (Chickenpox) (Can be prevented by varicella vaccination)
Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough or sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache, and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

If you have any questions about your child’s vaccines, talk to your child’s doctor or nurse.
Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

### Vaccines in the Child and Adolescent Immunization Schedule*

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Abbreviations</th>
<th>Trade names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis vaccine</td>
<td>DTaP</td>
<td>Daptacel, Infanrix</td>
</tr>
<tr>
<td>Diphtheria, tetanus vaccine</td>
<td>DT</td>
<td>NoTrade Name</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b vaccine</td>
<td>Hib (PRP-T)</td>
<td>AcT Hib, Hiberix, PedvadHib</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b vaccine</td>
<td>Hib (PRP-OMP)</td>
<td>ActHib, Hiberix, PedvadHib</td>
</tr>
<tr>
<td>Hepatitis A vaccine</td>
<td>HepA</td>
<td>Havrix, Våtha</td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>HepB</td>
<td>Engerix-B, Recombivax HB</td>
</tr>
<tr>
<td>Human papillomavirus vaccine</td>
<td>HPV</td>
<td>Gardasil 9</td>
</tr>
<tr>
<td>Influenza vaccine (inactivated)</td>
<td>IIV</td>
<td>Multiple</td>
</tr>
<tr>
<td>Influenza vaccine (live, attenuated)</td>
<td>LAIV</td>
<td>Flumist</td>
</tr>
<tr>
<td>Measles, mumps, and rubella vaccine</td>
<td>MMR</td>
<td>M-M-R II</td>
</tr>
<tr>
<td>Meningococcal serogroups A, C, W, Y vaccine</td>
<td>MenACWY-D</td>
<td>Menactra</td>
</tr>
<tr>
<td>Meningococcal serogroup B vaccine</td>
<td>MenACWY-CRM</td>
<td>Menevo</td>
</tr>
<tr>
<td>Meningococcal serogroup B vaccine</td>
<td>MenB-4C</td>
<td>Bexsero</td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate vaccine</td>
<td>PCV13</td>
<td>Prevnar 13</td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide vaccine</td>
<td>PPSV23</td>
<td>Pneumovax</td>
</tr>
<tr>
<td>Poliovirus vaccine (inactivated)</td>
<td>IPV</td>
<td>IPOL</td>
</tr>
<tr>
<td>Rotavirus vaccine</td>
<td>RV1</td>
<td>Rotarix</td>
</tr>
<tr>
<td>Rotavirus vaccine</td>
<td>RV5</td>
<td>RotatEq</td>
</tr>
<tr>
<td>Tetanus, diphtheria, and acellular pertussis vaccine</td>
<td>Tdap</td>
<td>Adacel, Boostrix</td>
</tr>
<tr>
<td>Tetanus and diphtheria vaccine</td>
<td>Td</td>
<td>Tetrix, Td vaccine</td>
</tr>
<tr>
<td>Varicella vaccine</td>
<td>VAR</td>
<td>Varivax</td>
</tr>
</tbody>
</table>

#### Combination Vaccines

- DTaP, hepatitis B, and inactivated poliovirus vaccine
- DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine
- DTaP and inactivated poliovirus vaccine
- Measles, mumps, rubella, and varicella vaccines

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

### How to use the child/adolescent immunization schedule

1. Determine recommended vaccine by age (Table 1)
2. Determine recommended interval for catch-up vaccination (Table 2)
3. Assess need for additional recommended vaccines by medical condition and other indications (Table 3)
4. Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)

Report
- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800-822-7967)

Helpful information
- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual

Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.
These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st</td>
<td>2nd</td>
<td></td>
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<td></td>
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<tr>
<td>Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis (DTaP: &lt;7 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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<td>Haemophilus influenzae type b (Hib)</td>
<td>1st</td>
<td>2nd</td>
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<td>4th</td>
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<td>5th</td>
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<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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<tr>
<td>Inactivated poliovirus (IPV; &lt;18 yrs)</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td>4th</td>
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<td>Annual vaccination 1 dose only</td>
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<tr>
<td>Measles, mumps, rubella (MMR)</td>
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<td>Annual vaccination 1 dose only</td>
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<td>Hepatitis A (HepA)</td>
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<tr>
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<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis (Tdap: ≥7 yrs)</td>
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<tr>
<td>Meningococcal B</td>
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<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
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</tbody>
</table>

- **Range of recommended ages for all children**
- **Range of recommended ages for catch-up immunization**
- **Range of recommended ages for certain high-risk groups**
- **Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making**
- **No recommendation**
The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Table 1 and the notes that follow.

### Children age 4 months through 6 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks Maximum age for final dose is 8 months, 0 days.</td>
</tr>
<tr>
<td>Diphtheria, tetanus, and acellular pertussis</td>
<td>6 weeks (Maximum age for first dose is 14 weeks, 6 days)</td>
<td>No further doses needed if first dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hibrix) or unknown. 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1st birthday, and second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1st birthday. 8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.</td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if current age is &lt; 4 years. 6 months (as final dose) if current age is 4 years or older.</td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks if current age is &lt; 4 years. 6 months (as final dose) if current age is 4 years or older.</td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td>4 weeks if current age is &lt; 4 years. 6 months (as final dose) if current age is 4 years or older.</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>12 months</td>
<td>4 weeks</td>
<td>4 weeks if current age is &lt; 4 years. 6 months (as final dose) if current age is 4 years or older.</td>
</tr>
<tr>
<td>Varicella</td>
<td>12 months</td>
<td>3 months</td>
<td>3 months if younger than age 13 years. 4 weeks if age 13 years or older.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>12 months</td>
<td>6 months</td>
<td>6 months if first dose of DTaP/DT was administered before the 1st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>2 months MenACWY-CRM</td>
<td>8 weeks</td>
<td>8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.</td>
</tr>
<tr>
<td></td>
<td>9 months MenACWY-O</td>
<td>See Notes</td>
<td>See Notes</td>
</tr>
</tbody>
</table>

### Children and adolescents age 7 through 18 years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Minimum Interval Between Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal</td>
<td>Not Applicable (N/A)</td>
<td>8 weeks</td>
<td>4 weeks if first dose was administered at age 24 years or older. 6 months (as final dose) if first dose was administered at age 24 years or older.</td>
</tr>
<tr>
<td>Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis</td>
<td>7 years</td>
<td>4 weeks</td>
<td>4 weeks if first dose of DTaP/DT was administered before the 1st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.</td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td>9 years</td>
<td>Routine dosing intervals are recommended.</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>N/A</td>
<td>6 months</td>
<td>6 months if first dose of DTaP/DT was administered before the 1st birthday.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>N/A</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose. A fourth dose of IPV is indicated if all previous doses were administered at &lt;4 years or if the third dose was administered &gt;6 months after the second dose.</td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>N/A</td>
<td>6 months</td>
<td>8 weeks if current age is &lt; 4 years. 6 months (as final dose) if current age is 4 years or older.</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>N/A</td>
<td>4 weeks</td>
<td>4 weeks if current age is &lt; 4 years. 6 months (as final dose) if current age is 4 years or older.</td>
</tr>
<tr>
<td>Varicella</td>
<td>N/A</td>
<td>3 months</td>
<td>3 months if younger than age 13 years. 4 weeks if age 13 years or older.</td>
</tr>
</tbody>
</table>

01/31/19
### Table 3
Recommended Child and Adolescent Immunization Schedule by Medical Indication
United States, 2019

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Pregnancy</th>
<th>Immunocompromised status (excluding HIV infection)</th>
<th>HIV infection CD4+ count</th>
<th>Kidney failure, end-stage renal disease, on hemodialysis</th>
<th>Heart disease, chronic lung disease</th>
<th>CSF leaks/cochlear implants</th>
<th>Asplenia and persistent complement deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
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<td>Rotavirus</td>
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<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis (DTaP)</td>
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<tr>
<td>Haemophilus influenzae type b</td>
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<tr>
<td>Pneumococcal conjugate</td>
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<tr>
<td>Inactivated poliovirus</td>
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<tr>
<td>Influenza (IIV)</td>
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<tr>
<td>Influenza (LAIV)</td>
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<td>Measles, mumps, rubella</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Meningococcal ACWY</td>
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<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis (Tdap)</td>
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<tr>
<td>Human papillomavirus</td>
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<tr>
<td>Meningococcal B</td>
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<td>Pneumococcal polysaccharide</td>
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</table>

1 For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization “Altered Immunocompetence” at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html), and Table 4-1 (footnote D) at: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html).

2 Severe Combined Immunodeficiency

3 LAIV contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.
### Notes

**Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019**

**Additional information**
- Consult relevant ACIP statements for detailed recommendations at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization and relevant ACIP statements at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated at age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).
- Information on travel vaccine requirements and recommendations is available at [wwwnc.cdc.gov/travel/](http://wwwnc.cdc.gov/travel/).
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see [www.hrsa.gov/vaccinecompensation/index.html](http://www.hrsa.gov/vaccinecompensation/index.html).

**Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadracel])**

**Routine vaccination**
- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
  - Prospectively: Dose 4 may be given as early as age 12 months if at least 6 months have elapsed since dose 3.
  - Retrospectively: A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

**Catch-up vaccination**
- Dose 5 is not necessary if dose 4 was administered at age 4 years or older.
- For other catch-up guidance, see Table 2.

**Haemophilus influenzae type b vaccination (minimum age: 6 weeks)**

**Routine vaccination**
- ActHIB, Hibrix, or Pentacel: 4-dose series at 2, 4, 6, 12–15 months
- PedvaxHIB: 3-dose series at 2, 4, 12–15 months

**Catch-up vaccination**
- Dose 1 at 7–11 months: Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before 12 months and dose 2 before 15 months:
  - Administer dose 3 (final dose) 8 weeks after dose 2.
- 2 doses of PedvaxHIB before 12 months:
  - Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- Unvaccinated at 15–59 months:
  - 1 dose
  - For other catch-up guidance, see Table 2.

**Special situations**
- Chemotherapy or radiation treatment:
  - 12–59 months:
    - Unvaccinated or only 1 dose before 12 months: 2 doses, 8 weeks apart
    - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose
- Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- Hematopoietic stem cell transplant (HSCT):
  - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

**Anatomic or functional asplenia (including sickle cell disease):**
- 12–59 months:
  - Unvaccinated or only 1 dose before 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before 12 months: 1 dose at least 8 weeks after previous dose

**HIV infection:**
- 12–59 months:
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

**Elective splenectomy:**
- Unvaccinated persons age 15 months or older:
  - 1 dose (preferably at least 14 days before procedure)

**Immunoglobulin deficiency, early component complement deficiency:**
- 12–59 months:
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

*Unvaccinated = Less than routine series (through 14 months) OR no doses (14 months or older)*

For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization and relevant ACIP statements at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

Hepatitis A vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination
- 2-dose series (Havrix 6–12 months apart or Vaqta 6–18 months apart, minimum interval 6 months); a series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is administered.

Catch-up vaccination
- Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses: 6 months
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, Twinrix, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel
- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (wwwnc.cdc.gov/travel/):
  - Infants age 6–11 months: 1 dose before departure; revaccinate with 2 doses, separated by 6–18 months, between 12 to 23 months of age.
  - Unvaccinated age 12 months and older: 1st dose as soon as travel considered

Special situations
At risk for hepatitis A infection: 2-dose series as above
- Chronic liver disease
- Clotting factor disorders
- Men who have sex with men
- Injection or non-injection drug use
- Homelessness
- Work with hepatitis A virus in research laboratory or nonhuman primates with hepatitis A infection
- Travel in countries with high or intermediate endemic hepatitis A
- Close, personal contact with international adoptee (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee’s arrival)

Hepatitis B vaccination
(minimum age: birth)

Birth dose (monovalent HepB vaccine only)
- Mother is HBsAg-positive:
  - Administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) (at separate anatomic sites) within 12 hours of birth, regardless of birth weight. For infants <2,000 grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
  - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.
- Mother's HBsAg status is unknown:
  - Administer 0.5 mL of HBIG and HepB vaccine (minimum age: 12 months for routine vaccination)
  - Anybody 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses: 6 months
  - Infants <2,000 grams, administer 0.5 mL of HBIG in addition to HepB vaccine within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
  - Determine mother’s HBsAg status as soon as possible. If mother is HBsAg-positive, administer 0.5 mL of HBIG to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

Routine series
- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 2).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- Minimum age for the final (3rd or 4th) dose: 24 weeks
- Minimum intervals: dose 1 to dose 2: 2–4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks (when 4 doses are administered, substitute “dose 4” for “dose 3” in these calculations)

Catch-up vaccination
- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation Recombivax HB only).
- Adolescents 18 years and older may receive a 2-dose series of HepB (Heplisav-B) at least 4 weeks apart.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, Twinrix, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).
- For other catch-up guidance, see Table 2.

Inactivated poliovirus vaccination
(minimum age: 6 weeks)

Routine vaccination
- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before the 4th birthday when a combination vaccine containing IPV is used. However, a dose is still recommended after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination
- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- IPV is not routinely recommended for U.S. residents 18 years and older.

Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:
- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.
Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2019

Notes

- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as “OPV,” see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?_s_c_id=mm6606a7_w.
- For other catch-up guidance, see Table 2.

Influenza vaccination
(minimum age: 6 months [IIV], 2 years [LAIV], 18 years [RIV])

Routine vaccination
- 1 dose any influenza vaccine appropriate for age and health status annually (2 doses separated by at least 4 weeks for children 6 months–8 years who did not receive at least 2 doses of influenza vaccine before July 1, 2018)

Special situations
- Egg allergy, hives only: Any influenza vaccine appropriate for age and health status annually
- Egg allergy more severe than hives (e.g., angioedema, respiratory distress): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic conditions
- LAIV should not be used for those with a history of severe allergic reaction to any component of the vaccine (excluding egg) or to a previous dose of any influenza vaccine, children and adolescents receiving concomitant aspirin or salicylate-containing medications, children age 2 through 4 years with a history of asthma or wheezing, those who are immunocompromised due to any cause (including immunosuppression caused by medications and HIV infection), anatomic and functional asplenia, cochlear implants, cerebrospinal fluid-oropharyngeal communication, close contacts and caregivers of severely immunosuppressed persons who require a protected environment, pregnancy, and persons who have received influenza antiviral medications within the previous 48 hours.

Measles, mumps, and rubella vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination
- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

Catch-up vaccination
- Unvaccinated children and adolescents: 2 doses at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.

Special situations
International travel
- Infants age 6–11 months: 1 dose before departure; revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- Unvaccinated children age 12 months and older: 2-dose series at least 4 weeks apart before departure

Meningococcal serogroup A,C,W,Y vaccination
(minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra])

Routine vaccination
- 2-dose series: 11–12 years, 16 years

Catch-up vaccination
- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations
Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, eculizumab use:
- Menveo
  - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
  - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after the 1st birthday)
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- Menactra
  - Persistent complement component deficiency:
    - Age 9–23 months: 2 doses at least 12 weeks apart
    - Age 24 months or older: 2 doses at least 8 weeks apart
  - Anatomic or functional asplenia, sickle cell disease, or HIV infection:
    - Age 9–23 months: Not recommended
    - 24 months or older: 2 doses at least 8 weeks apart
- Menactra must be administered at least 4 weeks after completion of PCV13 series.

Meningococcal serogroup B vaccination
(minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba])

Routine vaccination
- 2-dose series at least 1 month apart

Catch-up vaccination
- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years (minimum interval: 8 weeks)

Special situations
Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, eculizumab use:
- Bexsero: 2-dose series at least 1 month apart
- Trumenba: 2–dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.

Clinical discretion
- MenB vaccine may be administered based on individual clinical decision to adolescents not at increased risk age 16–23 years (preferred age 16–18 years):
- Bexsero: 2-dose series at least 1 month apart
- Trumenba: 3-dose series at 0, 1–2, 6 months
- Bexsero and Trumenba are not interchangeable; the same product should be used for all doses in a series.

For additional meningococcal vaccination information, see meningococcal MMWR publications at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.
### Pneumococcal vaccination
(minimum age: 6 weeks [PCV13], 2 years [PPSV23])

#### Routine vaccination with PCV13
- 4-dose series at 2, 4, 6, 12–15 months

#### Catch-up vaccination with PCV13
- 1 dose for healthy children age 24–59 months with any incomplete* PCV13 series
- For other catch-up guidance, see Table 2.

#### Special situations

- **High-risk conditions below:** When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during same visit.

- **Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral corticosteroids); diabetes mellitus:**
  - **Age 2–5 years**
    - Any incomplete* series with:
      - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
      - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
    - No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)
  - **Age 6–18 years**
    - No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

- **Cerebrospinal fluid leak, cochlear implant:**
  - **Age 2–5 years**
    - Any incomplete* series with:
      - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
      - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
    - No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)
  - **Age 6–18 years**
    - No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

#### Varicella vaccination
(minimum age: 12 months)

#### Routine vaccination
- 2-dose series: 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

#### Catch-up vaccination
- Ensure persons age 7–18 years without evidence of immunity (see MMWR at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have
  - **2-dose series:**
    - Ages 7–12 years: routine interval: 3 months (minimum interval: 4 weeks)
    - Ages 13 years and older: routine interval: 4–8 weeks (minimum interval: 4 weeks).
    - The maximum age for use of MMRV is 12 years.
Clinician FAQ: CDC Recommendations for HPV Vaccine 2-Dose Schedules

After the October 2016 ACIP meeting, CDC now recommends that 11 or 12 year olds receive 2 doses of HPV vaccine instead of 3. Parents may have questions about this change. This resource helps explain the reasons for changing the HPV vaccine recommendation, and provides tips for talking with the parents of your patients about the change.

What has changed in the new HPV vaccine recommendations?

In October 2016, CDC updated HPV vaccination recommendations regarding dosing schedules. CDC now recommends 2 doses of HPV vaccine for people starting the vaccination series before the 15th birthday. Three doses of HPV vaccine are recommended for people starting the vaccination series on or after the 15th birthday and for people with certain immunocompromising conditions.

CDC continues to recommend routine vaccination for girls and boys at age 11 or 12 years. The vaccination series can be started at age 9 years. CDC also recommends vaccination through age 26 years for females and through age 21 years for males. Males age 22–26 years may be vaccinated.

What is the recommended 2-dose HPV vaccination schedule?

For girls and boys starting the vaccination series before the 15th birthday, the recommended schedule is 2 doses of HPV vaccine. The second dose should be given 6–12 months after the first dose (0, 6–12 month schedule).

Answering parents’ questions: We now recommend 2 doses of HPV vaccine for your son or daughter, instead of 3, if your child starts the series before their 15th birthday. I still recommend your child start the vaccination series by age 11 or 12 years for best protection against HPV. He or she will need a second dose 6-12 months after the first dose.

Who should still receive a 3-dose schedule?

CDC continues to recommend a 3-dose schedule for persons starting the HPV vaccination series on or after the 15th birthday, and for persons with certain immunocompromising conditions. The second dose should be given 1–2 months after the first dose, and the third dose should be given 6 months after the first dose (0, 1–2, 6 month schedule).

Answering parents’ questions: If your child starts the series after his or her 15th birthday or has certain health problems that weaken his or her immune system, he or she will still need the 3-dose series. We will give the second dose 1–2 months after the first, and the last dose 6 months after the first dose.

Why did CDC make the recommendation change to a 2-dose schedule?

Over the past year, CDC and the Advisory Committee on Immunization Practices (ACIP) have been reviewing data on 2-dose schedules, including results from studies of HPV vaccines that compared the antibody responses after 2 doses and 3 doses. These studies showed that the antibody response after 2 doses given at least 6 months apart to 9–14 year-olds was as good or better than the antibody response after 3 doses given to older adolescents and young adults, the age group in which efficacy was demonstrated in clinical trials.

Answering parents’ questions: CDC and ACIP (a group of experts that make vaccine recommendations) have been reviewing data on 2-dose HPV vaccination schedules for several months. The evidence showed that 2 doses of HPV vaccine given at least 6 months apart in younger adolescents were as good or better than 3 doses. These updated recommendations are an example of using the latest available evidence to provide your child with the best possible protection against serious diseases.

Answering parents’ questions: Since your child received his/her first dose of the HPV vaccine before he/she was 15 years old, we’ll only need to give 1 more dose.
Why is the 2-dose schedule change recommended only for girls and boys age 9–14 years?

ACIP makes recommendations based on the best available scientific evidence. Immunogenicity studies have shown that 2 doses of HPV vaccine given to 9–14 year-olds at least 6 months apart were as good, or better, than 3 doses given to older adolescents and young adults. Studies have not been done to show this in adolescents age 15 years or older.

Answering parents’ questions: The data we currently have from scientific studies (clinical trials) showed that 2 doses of HPV vaccine given at least 6 months apart were as good or better than 3 doses in children 9–14 years of age. Older adolescents haven’t been studied in the same way, so we don’t have information available for that age group. For that reason, the recommendation for number of doses has not been changed for older adolescents.

What is the recommendation for persons with immunocompromising conditions?

CDC recommends 3 doses of HPV vaccine (0, 1–2, 6 months) for immunocompromised people age 9 through 26 years. People whose immune responses might be lower, for example due to HIV infection, cancer, autoimmune disease, or taking immunosuppressant medications, should receive 3 doses to make sure they get the most benefit. However, children with asthma, diabetes, and other conditions that would not suppress immune response to HPV vaccination can receive a 2-dose schedule.

Answering parents’ questions: Even though CDC has recommended just 2 doses of HPV for kids under 15 years, we’ll need to give your child 3 doses because he/she has a health problem that weakens his or her immune system.

If a HPV vaccine series was started with quadrivalent HPV vaccine or bivalent HPV vaccine and will be completed with 9-valent HPV vaccine, what are the intervals for the remaining doses in a 3-dose or 2-dose series?

If the first dose of any vaccine was given before the 15th birthday, vaccination should be completed according to a 2-dose schedule. In a 2-dose series, the second dose is recommended 6–12 months after the first dose (0, 6–12 month schedule).

If the first dose of any vaccine was given on or after the 15th birthday, vaccination should be completed according to a 3-dose schedule. In a 3-dose series, the second dose is recommended 1–2 months after the first dose, and the third dose is recommended 6 months after the first dose (0, 1–2, 6 month schedule).

If a vaccination schedule is interrupted, vaccine doses do not need to be repeated.

If a girl or boy received 2 doses of HPV vaccine less than 5 months apart, do they need a third HPV vaccine dose?

Yes. In a 2-dose schedule of HPV vaccine, the recommended interval is 6–12 months, and the minimum interval is 5 months between the first and second dose. If the second dose is given earlier than 5 months, a third dose should be administered.

Answering parents’ questions: The recommended schedule is 2 doses given 6 to 12 months apart. The minimum amount of time between those doses is 5 months. Because your child received 2 doses less than 5 months apart, we’ll need to give your child a third dose.

If someone is age 15 years or older and started the vaccination series at age 11 but only received 1 dose, how many more doses do they need?

This person needs 1 more dose to complete a 2-dose series, which is recommended because the vaccination was started before turning 15 years old. In a 2-dose series, the second dose is recommended 6–12 months after the first dose. In this case, the first dose was given several years ago, so the second dose can be given right away.

Is the 9-valent HPV vaccine approved by FDA for use as a 2-dose schedule?

Yes, in October 2016, FDA approved a 2-dose schedule (0, 6–12 months) of 9-valent HPV vaccine for use in girls and boys age 9–14 years in the United States.

What HPV vaccines are currently available in the United States?

Three HPV vaccines are licensed for use in the United States: 9-valent HPV vaccine, quadrivalent HPV vaccine, and bivalent HPV vaccine. However, after the end of 2016, only 9-valent HPV vaccine will be sold in the United States.
Dear Mercy Care Provider:

Mercy Care, as an AHCCCS contractor, is required to ensure that its providers adhere to the Centers for Disease Control (CDC) immunization schedules for children and adolescents. Mercy Care regularly monitors immunization performance measure rates and reports those rates to AHCCCS. A review of the Human Papilloma Virus (HPV) adolescent immunization rate indicates that members are not receiving the HPV immunization per CDC schedule requirements. As a Mercy Care contracted provider, you can help Mercy Care ensure that adolescent members receive the HPV vaccine in accordance with the CDC schedule.

The CDC recommends HPV vaccination for girls and boys at ages 11 or 12 years to protect against cancers caused by HPV infections.1 The CDC encourages clinicians to recommend HPV vaccination in the same way and on the same day that they recommend other routinely recommended vaccines for patients at age 11 or 12 years.2 Over 90% of HPV cancers are preventable through HPV vaccination.3 By boosting HPV vaccination rates among your patients, you can help prevent cancer.

For additional information please visit the CDC website at www.cdc.gov/vaccines/vpd/hpv/hcp/ to learn more about HPV vaccine recommendations and access tips for improving HPV vaccination rates in your practice. HPV immunizations can be billed using CPT codes: 90649, 90650 and 90651. Mercy Care does not limit the number of well-visits (also known as EPSDT visits) a member may receive per year and a well-visit may occur anytime during the calendar year. Mercy Care also encourages shots-only visits, as needed. Should you have any questions, please contact Sheryl Christianson, EPSDT Coordinator at (480) 416-6004 or ChristiansonS@MercyCareAZ.org.

Sincerely,

Kate Bell
QM Manager, Performance Improvement

1 https://www.cdc.gov/vaccines/vpd/hpv/hcp/
2 https://www.cdc.gov/vaccines/vpd/hpv/hcp/
3 https://www.cdc.gov/hpv/hcp/hpv-important.html
Cervical cancer is the only type of human papillomavirus (HPV) cancer for which there is a screening. Even with the screening, HPV causes 10,800 cases of cervical cancer each year in the United States. There are approximately 300,000 new cervical precancer cases every year and 12,900 cases of oropharyngeal cancer, 5,900 anal cancer, 3,300 vulvar and vaginal cancer, and 800 penile cancer. There is no screening for these types of cancers and they may not be detected until they cause health problems.

Over 90% of HPV cancers are preventable through HPV vaccination.
The Centers for Disease Control (CDC) now recommends 2 doses of HPV vaccine for people starting the vaccination series before the 15th birthday. Three doses of HPV vaccine are recommended for people starting the vaccination series on or after the 15th birthday and for people with certain immunocompromising conditions.

Which age groups should be vaccinated?
The vaccination series can be started at age 9 years.

What is the recommended 2-dose HPV vaccination schedule?
For girls and boys starting the vaccination series before the 15th birthday, the recommended schedule is 2 doses of HPV vaccine. The second dose should be given 6-12 months after the first dose (0, 6-12 month schedule). If a child receives his/her first dose of the HPV vaccine before he/she was 15 years old, they will only need one more dose.

What HPV vaccines are currently available in the United States?
Beginning in 2017, only the 9-valent HPV vaccine is sold in the United States. Prior to 2017, three HPV vaccines were licensed for use in the United States: 9-valent HPV vaccine, quadrivalent HPV vaccine, and bivalent HPV vaccine.
Why is the 2-dose schedule change recommended only for girls and boys age 9-14 years?
The Advisory Committee on Immunization Practices (ACIP) makes recommendations based on the best available scientific evidence. Immunogenicity studies have shown that 2 doses of HPV vaccine given to 9-14 year-olds at least 6 months apart were as good, or better, than 3 doses given to older adolescents and young adults. Studies have not been done to show this in adolescents age 15 years or older.

If a girl or boy received 2 doses of HPV vaccine less than 5 months apart, do they need a third HPV vaccine dose?
Yes. In a 2-dose schedule of HPV vaccine, the recommended interval is 6-12 months, and the minimum interval is 5 months between the first and second dose. If the second dose is given earlier than 5 months, a third dose should be administered.

Q: If someone is age 15 years or older and started the vaccination series at age 11 but only received 1 dose, how many more doses do they need?
This person needs 1 more dose to complete a 2-dose series, which is recommended because the vaccination was started before turning 15 years old. In a 2-dose series, the second dose is recommended 6-12 months after the first dose. In this case, the first dose was given several years ago, so the second dose can be given right away.

Q: If a HPV vaccine series was started with quadrivalent HPV vaccine or bivalent HPV vaccine and will be completed with 9-valent HPV vaccine, what are the intervals for the remaining doses in a 3-dose or 2-dose series?
If the first dose of any vaccine was given before the 15th birthday, vaccination should be completed according to a 2-dose schedule. In a 2-dose series, the second dose is recommended 6-12 months after the first dose (0, 6-12 month schedule).

If the first dose of any vaccine was given on or after the 15th birthday, vaccination should be completed according to a 3-dose schedule. In a 3-dose series, the second dose is recommended 1-2 months after the first dose, and the third dose is recommended 6 months after the first dose (0, 1-2, 6 month schedule. If a vaccination schedule is interrupted, vaccine doses do not need to be repeated.

Sources:
Clinician FAQ: CDC Recommendations for HPV Vaccine 2-Dose Schedules
https://www.cdc.gov/cancer/hpv/statistics/cases.htm
https://www.cdc.gov/hpv/hcp/more-than-screening/index.html
Arizona Immunization Program Vaccines for Children (VFC)

Background
The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The program was officially implemented in October 1994 as part of the President’s Childhood Immunization Initiative. Funding for the VFC Program allows the Centers for Disease Control and Prevention (CDC) to buy vaccines at a discount from the manufacturers and distribute them to state health departments and certain local and territorial public health agencies, which in turn distribute them at no charge to private physician offices and public health clinics registered as VFC providers.

*Excerpted from the Federal VFC Operations Guide

Eligibility criteria
Children birth through 18 years of age who meet at least one of the following criteria on the day the vaccine is administered are eligible to receive VFC vaccine:
- Medicaid eligible: In Arizona, children whose health insurance is covered by the Arizona Health Care Cost Containment System (AHCCCS)
- Un-insured: A child who has no health insurance coverage
- American Indian or Alaska Native: As defined by the Indian Health Services Act
- Under-insured*:  
  - A child who has commercial (private) health insurance but the coverage does not include vaccines,
  - A child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only),
  - A child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured and is eligible to receive VFC vaccines.

*As of July 1, 2013, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), County Health Departments and approved deputized providers are allowed to serve the VFC eligibility category of Underinsured. All other providers will only be allowed to serve the VFC eligibility categories of Medicaid, Un-insured, and American Indian/Alaskan Native. There are also no changes to providers’ ability to serve KidsCare children.

Provider enrollment
Please type information into the enrollment documents and print to sign. VFC enrollment documents that are missing information will be returned for completion. If you are a first time VFC applicant please call the VFC office at 602-364-3642 before completing the enrollment packet.

Vaccine storage & handling
Appropriate management of the program and components (i.e. vaccine storage and handling, eligibility screening, etc.) are critical to ensure good stewardship of the program and to ensure our children are being vaccinated effectively. Please use the tools below to help enhance your current procedures within your practice. (Links below)
- Guidelines for Storage and Temperature Monitoring of Refrigerated Vaccines
- Vaccine Storage and Handling Toolkit
Provider resources

- LogTag Data Logger Webinar
- VFC Program Vaccine Availability Form
- VFC Influenza Order Training Module 2017-2018
- Frequently Asked Questions about Vaccine Program Policies- 09/23/2013
- VFC Site Visit Evaluation
- Influenza Vaccine updates 2018-2019 available on website
- Arizona Vaccine Center 602-364-3642
- Center for Disease Control 2019 Vaccine Schedule recommendations at www.cdc.gov/vaccines/
  programs.
- Vaccines for Children (VFC) January 2019
- Vaccine Storage and Handling January 2019
- Understanding the Basics: General Best Practice Guidelines on Immunization February 2019
- MMR January 2019
ELECTRONIC RE-ENROLLMENT

2019 PROVIDER GUIDE

Instructions for completing the Vaccines for Children Provider Agreement in ASIIS
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Instructions for Completing the Vaccines for Children (VFC) Provider Agreement in ASIIS

This guide includes important information and detailed instructions with screenshots to help you complete your Provider Agreement. Use the guide to help you work through the four screens needed to complete the agreement. Use the checklist on the last page of the guide to track your progress.

Most of the information you will need to complete your Provider Agreement is preloaded in ASIIS. You will see it when you create the new agreement this year. Please review the information and make sure it is correct. Update everything that has changed.

Completing the re-enrollment process could take 20 minutes or longer depending on what you need to report. You must complete all required fields in each section of the agreement to proceed to the next screen. The information you enter will be saved as you complete each screen. If you need to stop before you have completed the agreement, be sure to save the screen you are on so you can come back later and complete the process. You must complete all four screens of the online agreement before you submit it to the state.

After the online agreement is submitted, click on the PDF link to print the full Provider Agreement for your records. Keep the original signature document(s).

All parts of the agreement must be signed by the person within your practice that is licensed in the State of Arizona to prescribe vaccines (M.D., D.O., NP or FNP) and who has primary responsibility for making decisions about your practice and its operations.

Send a copy of the signed signature page, signed refrigerator and freezer verification form, completed and signed Vaccine Accountability and Management Plan, certificates for completed annual training for the primary and backup coordinators and the valid data logger calibration certificates for all units storing VFC vaccines and the back-up data logger via e-mail to: ArizonaVFC@azdhs.gov or ASIISHelpDesk@azdhs.gov.

The printed document is the official Provider Agreement form approved by the CDC. No changes can be made to the provider enrollment requirements without prior approval from the CDC. Do not modify, remove, or add any requirements or information to the Provider Agreement form.

You can generate and print the signature documents individually:
- Click on the PDF Signature Page link to print the agreement signature page;
- Using the Navigation Menu, click on the Orders/Transfers menu heading and click Provider Agreement. Click PDF – Frozen Vaccine to print the Refrigerator and Freezer Verification form.

The 2019 re-enrollment starts March 1st, 2019. You will then be able to add a new Provider Agreement, prepare it and submit it for review. The re-enrollment process will close June 30th, 2019. If a location fails to re-enroll by June 30th, that location will be inactivated from the VFC program for non-compliance.

The Arizona Immunization Program Office cannot approve your Provider Agreement until all information is reviewed and the documents (signed signature page, the refrigerator and freezer verification form, the Vaccine Accountability and Management Plan, the certificates for completed annual training and the valid data logger calibration certificates) are received in our office.

Please be aware that if your 2018 Provider Agreement expires, you will not be able to order VFC vaccines until your 2019 re-enrollment is submitted and approved.

Ensure your vaccine ordering is not disrupted.
Do not wait until the last minute to complete your online re-enrollment!
Information Needed to Complete the Provider Agreement

You will need to gather some information for verification before starting the online re-enrollment. Gathering the information ahead of time will save time and help the process go smoothly.

✧ Practice Details – *This information will be prepopulated in ASIIS*
  - Facility Details – verify the physical address, vaccine delivery address, and mailing address for your practice.
  - Contact Details – verify the names, email addresses, telephone and fax numbers for the primary facility contacts (Signatory Physician, Office Manager), and primary and backup vaccine coordinators. Make sure emails are correct. Include phone and fax numbers for all contacts even if they are the same.
  - Shipping Days and Times – verify the days of the week and core business hours that staff is available to receive vaccine shipments. There must be staff on site to receive vaccines at least 4 days of the week and 4 consecutive hours a day.

✧ Authorized Providers – Prescribing Physician Details – *This information will be prepopulated in ASIIS* – verify the name, specialty, Arizona State Medical License Number and National Provider ID (NPI) for each physician prescribing vaccines in your practice.
  - Here is a link to help you locate Medical License Numbers: [http://www.azmd.gov/glsuiteweb/clients/azbom/public/WebVerificationSearch.aspx](http://www.azmd.gov/glsuiteweb/clients/azbom/public/WebVerificationSearch.aspx)
  - The National Provider ID (NPI) is required for each physician/vaccinator in your practice. Here is a link to help you locate NPI numbers: [https://npiregistry.cms.hhs.gov/](https://npiregistry.cms.hhs.gov/)

✧ Practice/Provider Profile – information about the number of children who received immunizations at your practice during the previous calendar year (January 1, 2018 – December 31, 2018), by age group, insurance type and demographics. Please allow extra time to gather this information. You will need to update this information in ASIIS to complete your agreement.
  - If you captured VFC patient eligibility in ASIIS in 2018, this information will be prepopulated in ASIIS, and you can verify and adjust the data if necessary.
  - If you have not captured VFC patient eligibility in ASIIS, your billing staff may be the best source for this information. *Please note that VFC eligibility must be documented for every visit.

✧ Cold Storage Unit Details – *This information will be prepopulated in ASIIS* – verify the information about the storage units used to store VFC vaccines and the data loggers you use to monitor temperatures in those storage units. If you have been approved and want to recertify for frozen vaccine, you need to verify the information about the freezer used to store VFC vaccines. The required information is: unit name, manufacturer and model number; thermometer type, temperature scale and date of last calibration of the data logger.
  *Please note that data loggers are required and are the ONLY acceptable temperature monitoring devices for all units storing VFC vaccines, including the backup device.*

✧ Vaccine Accountability and Management Plan – completed and signed

✧ Certificates for Completed Annual Training for the primary and backup vaccine coordinators. Available options for the annual trainings are:
  - The CDC Training on Vaccine Management – “You Call The Shots” (YCTS):
    - [Vaccines For Children (VFC) Jan 2019](#)
    - [Vaccine Storage and Handling Jan 2019](#)
  - The A IPO Train = Arizona Immunization Program Office training - [www.aipotrain.org](http://www.aipotrain.org)
    - Arizona Vaccines for Children Training (MANDATORY FOR ALL PRIMARY AND BACKUP COORDINATORS)

✧ Valid data logger calibration certificates for all units storing VFC vaccines and the back-up data logger.
Completing the Provider Agreement

How to Access the Provider Agreement in ASIIS:

1) Log in with your username and password

Go to [https://asiis.azdhs.gov/](https://asiis.azdhs.gov/)

2) Click on Orders/Transfers in the left sidebar menu to expand the menu

3) Click on Provider Agreement (Viewable only by a Primary or Backup Vaccine Coordinator – users with Lot Number Manager permission)

How to Create a New Provider Agreement:

4) Click the Add button to create a new Provider Agreement
Screen 1: How to Add Provider Contact Details:

5) IRMS and Facility Name: Do not change these two fields. The IRMS is assigned to you by ASII and the facility name is the name of your specific site. Providers that don’t have a Facility should use the displayed IRMS Name as the Facility Name

6) Agreement Signatory: Enter the name of the provider signing the agreement

7) Agreement Signatory Title: Enter the title of the provider signing the agreement - i.e. (M.D., D.O., NP or FNP)

8) Last Renewed: Click on the down arrow and select the year of your last active enrollment

9) Facility Address: The physical address of your facility

10) Vaccine Delivery Address: The address where your facility will receive vaccine deliveries
    * The Vaccine Delivery address must be the same as where the vaccines will be administered

11) If the address you would like vaccines delivered to is the same as your street address, check the box under Vaccine Delivery Address

12) Mailing Address: The mailing address of your facility - i.e. PO Box

13) If the mailing address is the same as the facility address, check the box under Mailing Address
Screen 1: How to Add Provider Contact Details (continued):

14) Contact Details: Contact information for Primary Vaccine Coordinator, Backup Vaccine Coordinator, Signatory Physician and Office Manager is required.

15) Fill out name, phone, fax, and email for each contact

16) Fill out date (Completed Annual Training Requirements) and method of training

Screen 1: How to Select Vaccines Offered:

17) Vaccines Offered: All VFC providers should offer all ACIP recommended vaccines. Specialty providers are birthing hospitals, OB/GYN clinics, etc. or providers serving specific populations.
Screen 1: How to Add Shipping Information:

18) **Shipping Information**: Use military time/24 hour clock. Select the drop down times for each day that deliveries could occur and choose the hours that you can receive shipments (before and after lunch). You can choose both morning and afternoon hours to reflect a lunch hour. For example, if your office is open 8-5 and closed 12-1pm for lunch, select 8:00 and 12:00 in the first set of fields and 13:00 and 17:00 in the second set of fields. **Locations must be open and there must be staff on site to receive vaccines at least 4 days of the week and 4 consecutive hours a day.**

19) **Facility Type**: Click the drop down arrow to select facility type

20) **Save and Add Provider**: Click here to save your work and move on to the next page
Screen 2: How to Add Authorized Providers:

- Listed are all providers prescribing vaccines that your practice reported in the previous Provider Agreement. Listed are Name, Title, Specialty, Active status, Medical License Number and NPI number for each provider. Verify if the listed providers are active with the practice and select “Yes” for the Active with this Practice status indicator. If the provider is not active select “No”
  - A valid Medical License Number and NPI Number are required for each provider
  - At least one provider must be listed
  - Signatory provider must be listed and designated as medical director or equivalent

21) Adding New Provider: Click “Add New Provider” to add additional providers to your list

22) After you have entered all of your providers, click Save and Add Provider/Practice Profile to save your work and continue
Screen 3: How to Enter the Provider/Practice Profile:

- It is required to report the number of children who receive VFC vaccines in your practice each year.
  - If you captured VFC patient eligibility in ASIIS in 2018, the profile will display the data according to the reported immunizations. You can adjust the data if necessary.
  - If you have not captured VFC patient eligibility in ASIIS, your billing staff may be the best source for this information. *Please note that VFC eligibility must be documented for every visit*

- **VFC Vaccine Eligibility Categories**: Reflects the number of VFC patients in each category that your facility administered vaccine to in the previous year, according to ASIIS. Please verify the accuracy by reviewing the data from your EHR/EMR or billing records

- **Non-VFC Vaccine Eligibility Categories**: Reflects the number of privately insured patients that your facility administered vaccine to in the previous year, according to ASIIS. Please verify the accuracy of the data from your EHR/EMR or billing records

1) Report the number of children who received state supplied vaccinations for calendar year: (February 05, 2017 to February 04, 2018) by age group, insurance type and demographics. This is based on your patient records. Billing staff may be best equipped to respond to this section of the survey. Only count a child once - no matter the number of visits. Retain a copy of this survey for your records for audit purposes. Please provide the best data possible.

<table>
<thead>
<tr>
<th>Provider/Practice Profile</th>
<th>VFC Vaccine Eligibility Categories</th>
<th># of children who received VFC Vaccine by Age Category</th>
<th>Total</th>
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<td>1-6 Years</td>
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<td>0</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Nat. Amer or Alaskan</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Underinsured</td>
<td>0</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Total VFC:</td>
<td>22</td>
<td>475</td>
<td>594</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-VFC Vaccine Eligibility Categories</th>
<th># of children who received non-VFC Vaccine by Age Category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 1 Year</td>
<td>1-6 Years</td>
</tr>
<tr>
<td>Ineligible</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Total Non-VFC:</td>
<td>23</td>
<td>490</td>
</tr>
</tbody>
</table>

2) What data source (or type of data) was used: (check all that apply)

- Benchmarking
- Medicaid Claims
- Doses Administered
- Provider Encounter Data
- Billing System
- Arizona State Immunization Information System (ASIIS)
- Other

23) Review the numbers in each category for accuracy, or if necessary, fill in the numbers in each category

24) Choose what data source (or type of data) was used to obtain the numbers in each category

25) Click Save and Certify Frozen Vaccine, to move to the next page
Screen 4: How to Certify Frozen Vaccine and Add Storage Units:

All providers who want to receive frozen VFC vaccines (M-M-R®II, ProQuad® and Varivax®) must have their freezer approved by the AIPO. If you click no, you will not be able to order frozen vaccines.

Instructions: Your refrigerator information is required for all units within your practice. Use the “Add” button to add additional units. If you choose to be certified for frozen vaccines, then you must answer the questions below and enter your freezer information.

26) Do you want to be certified: If your facility wants to receive frozen vaccine (M-M-R®II, ProQuad® and Varivax®) answer yes. If you answer no, you will only enter the information for your refrigerator(s).

27) Freezer 1: Fill in the required fields for each freezer unit

28) Refrigerator 1: Fill in the required fields for each refrigerator unit

29) Thermometer: Fill in the data logger details

* Data loggers are required and the ONLY acceptable temperature monitoring devices on all units storing VFC vaccines, including the backup device.

30) Add: Click Add to enter additional cold storage units

31) If you need to exit the Provider Agreement before completion, you can save it and return to it later but you must complete the page you are working on before the system will allow you to save your work. Click Save for Later if you don’t want to submit the Provider Agreement at this time

32) Submit to State: Click here only if the Provider Agreement is complete and you are ready to submit for approval
Screen 4: How to Sign and Submit the Provider Agreement:

Check the box and type in the name of the authorized signer (agreement signatory). If you’re ready to submit your agreement for approval, click the Submit to State button. After you submit the online agreement you must print and sign the signature page.

33) Click on the PDF link to print the full Provider Agreement for your records. Keep the original signature document(s)

34) Click on the PDF Signature Page link to print the agreement signature page

35) The Refrigerator and Freezer Verification form will be generated in the full PDF or can be opened from the Orders/Transfers menu -> Provider Agreement -> PDF – Frozen Vaccine

✧ All parts of the Agreement must be signed by the person within your practice that is licensed in the state of Arizona to prescribe vaccines (M.D., D.O., NP or FNP) and who has primary responsibility for making decisions about your practice and its operations

✧ Send a copy of the signed signature page, signed refrigerator and freezer verification form, completed and signed Vaccine Accountability and Management Plan, certificates for completed annual training for the primary and backup coordinators and the valid data logger calibration certificates for all units storing VFC vaccines and the back-up data logger via e-mail to: ArizonaVFC@azdhs.gov or ASIISHelpDesk@azdhs.gov
Provider Agreement Status:

36) Check the status of your Provider Agreement at any time. Look at Approval Status:

- **Pending**: The Provider Agreement is saved and is not complete. You can open and continue working.
- **Submitted**: The Provider Agreement was submitted and is waiting for the Arizona Immunization Program Office to review and approve.
- **Returned**: You need to make corrections within the Provider Agreement. Click on the Select arrow to view comments made by the Arizona Immunization Program Office staff. Make the requested corrections and re-submit the Provider Agreement.
- **Approved**: The Arizona Immunization Program Office staff has approved the Provider Agreement.

**Only when the Provider Agreement shows an Approved status is your facility officially enrolled in the program and able to place vaccine orders.**

37) To continue working on a saved Provider Agreement: Login to ASIIS, Click Provider Agreement under Orders/Transfers and click the arrow under Select.
If you have questions regarding the re-enrollment process or the online forms, please contact the Arizona Immunization Program Office, at (602) 364-3642 and (602) 364-3899 or e-mail us at: ArizonaVFC@azdhs.gov or ASIISHelpDesk@azdhs.gov or contact your Immunization Provider Specialist directly.

For new VFC providers: Contact the Arizona Immunization Program Office at (602)364-3642.
## Electronic Re-enrollment Provider Checklist:

<table>
<thead>
<tr>
<th>Status</th>
<th>Provider Agreement Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice details</td>
<td></td>
</tr>
<tr>
<td>Facility details</td>
<td>will be prepopulated in ASIIS</td>
</tr>
<tr>
<td>Facility address</td>
<td></td>
</tr>
<tr>
<td>Vaccine delivery address</td>
<td></td>
</tr>
<tr>
<td>Mailing address</td>
<td></td>
</tr>
<tr>
<td>Contact details</td>
<td>will be prepopulated in ASIIS</td>
</tr>
<tr>
<td>Primary vaccine coordinator</td>
<td></td>
</tr>
<tr>
<td>Backup vaccine coordinator(s)</td>
<td></td>
</tr>
<tr>
<td>Signatory Physician</td>
<td></td>
</tr>
<tr>
<td>Office Manager</td>
<td></td>
</tr>
<tr>
<td>Vaccine Receiving details (days and hours)</td>
<td></td>
</tr>
<tr>
<td>Physician/Vaccinator details</td>
<td>will be prepopulated in ASIIS from last Provider Agreement</td>
</tr>
<tr>
<td>Medical License Numbers</td>
<td></td>
</tr>
<tr>
<td>National Provider IDs (NPI)</td>
<td></td>
</tr>
<tr>
<td>Practice/Provider Profile</td>
<td></td>
</tr>
<tr>
<td>Cold Storage Unit details</td>
<td></td>
</tr>
<tr>
<td>Refrigerators - Name; Manufacturer; Model Number</td>
<td></td>
</tr>
<tr>
<td>Data loggers for refrigerators –</td>
<td></td>
</tr>
<tr>
<td>Thermometer Serial Number; Thermometer Type; Temperature Scale; Date of Last Calibration; Valid data logger calibration certificate</td>
<td></td>
</tr>
<tr>
<td>Freezers - Name; Manufacturer; Model Number</td>
<td></td>
</tr>
<tr>
<td>Data logger for Freezers –</td>
<td></td>
</tr>
<tr>
<td>Thermometer Serial Number; Thermometer Type; Temperature Scale; Date of Last Calibration; Valid data logger calibration certificate</td>
<td></td>
</tr>
<tr>
<td>Backup data logger –</td>
<td></td>
</tr>
<tr>
<td>Thermometer Serial Number; Thermometer Type; Temperature Scale; Date of Last Calibration; Valid data logger calibration certificate</td>
<td></td>
</tr>
<tr>
<td>Certificates for completed annual training for Vaccine Coordinators</td>
<td></td>
</tr>
<tr>
<td>Primary vaccine coordinator</td>
<td></td>
</tr>
<tr>
<td>Backup vaccine coordinators</td>
<td></td>
</tr>
<tr>
<td>All vaccine staff <em>(strongly recommended)</em></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Signature Page signed (by M.D., D.O., NP or FNP)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Completed and signed Vaccine Accountability and Management Plan</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Refrigerator and Freezer Verification Form signed (by M.D., D.O., NP or FNP)</strong></td>
<td></td>
</tr>
<tr>
<td>Signed Signature Page; signed Refrigerator and Freezer Verification Form; filled and signed Vaccine Accountability and Management Plan; certificates for completed annual training; valid data logger calibration certificates</td>
<td></td>
</tr>
<tr>
<td>--- e-mail to <a href="mailto:ArizonaVFC@azdhs.gov">ArizonaVFC@azdhs.gov</a> or <a href="mailto:ASIISHelpDesk@azdhs.gov">ASIISHelpDesk@azdhs.gov</a></td>
<td></td>
</tr>
</tbody>
</table>
VFC/VFA Profile Change Form

DIRECTIONS: Please complete and submit this form to ASIISHelpDesk@azdhs.gov

*Required Information

VFC Pin * ____________
ASIIS Organization or Facility * ______________________________________________________________________________
Signatory Physician (Name, Credentials) * __________________________________________________________________________
   Physician Phone Number/Ext * ________________________________________________________________________________
   Physician E-mail Address * ________________________________________________________________________________

Please select and complete all changes that apply:

☐ Change Vaccine Shipping Address

New Address __________________________________________________________
City, State, ZIP ______________________________________________________

☐ Change Primary Vaccine Coordinator

Name ________________________________________________________________
Phone Number/Ext ____________________________________________________
E-mail ______________________________________________________________

☐ Change Back-up Vaccine Coordinator

Name ________________________________________________________________
Phone Number/Ext ____________________________________________________
E-mail ______________________________________________________________

☐ Add Additional Back-up Vaccine Coordinator

☐ Add/Change Office Manager

☐ Add/Change HL7 Data Contact

Name ________________________________________________________________
Phone Number/Ext ____________________________________________________
E-mail ______________________________________________________________

www.MercyCareAZ.org
Add/Remove ASIIS Users

Please list the full name, email and select a user access level for additional staff member with access level changes or for removal. Primary and Back-up coordinators will be assigned Coordinator Access by default.

- Access Level 0 – Remove User
- Access Level 1 – View Only Permissions - can view patients and immunization records
- Access Level 2 – Edit Permissions - can view, add and make changes to patients and immunization records
- Access Level 3 – Edit and Cold Storage - can view, add and make changes to patients and immunization records; can access VOMS - Cold Storage.
- Coordinator Access – Primary and Back-up Vaccine Coordinators - can view, add and make changes to patients and immunization records; can process vaccine orders, reconciliation and access Cold Storage.

All users with Coordinator Access (Primary and Back-up Vaccine Coordinators) are required to complete an annual training (CDC-"You Call the Shots" or required AIPO Train modules) and include the Certificates when submitting this request.

<table>
<thead>
<tr>
<th>Name</th>
<th>E-mail Address</th>
<th>Access Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

All Users shall electronically accept the terms of the Pledge to Protect Confidential Information on their first login.

ASIIS is a computer based immunization registry and tracking system implemented by the Arizona Department of Health Services and its partners. It is intended to aid health care professionals and other users who have a need to check a client’s immunization status according to A.R.S § 36-135, R9-6-707, and R9-6-708. Through ASIIS, providers can place orders for publicly funded vaccines to provide to children eligible to receive VFC vaccines. Client-specific information and vaccine ordering privileges are only available to authorized users and the Arizona Department of Health Services. The Users enters into this agreement with the Arizona Department of Health Services and agree to adhere to all requirements that are listed in the Pledge to Protect Confidential Information available on the ASIIS Main page.
ARIZONA DEPARTMENT OF HEALTH SERVICES
PLEDGE TO PROTECT CONFIDENTIAL INFORMATION
Valid until December 31, 2019

I understand and agree to abide by the following statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information (“PHI”), and all other sensitive information:

1. I understand that as a user of information at the Arizona Department of Health Services, I may develop, use, or maintain information relating to public health and welfare, direct or indirect health care, quality improvement, peer review, audit functions, education, billing, reimbursement, administration, research or other approved purposes. This information, from any source and in any form, including, but not limited to paper records, oral communications, audio recordings and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

2. I understand that it is the policy of the Arizona Department of Health Services that users (i.e., employees, medical staff, students, volunteers, contractors, vendors and others who may function in an affiliated capacity) shall respect and preserve the privacy, confidentiality and security of confidential information.

3. I understand that persons who have access to information that contains confidential information are ethically and legally responsible for observing the federal and state statutes and rules governing confidential records. I will not alter, misuse and disclose without proper authority or the individual’s authorization any confidential information.

4. I understand that confidential information may include oral communications, paper or electronic documents, databases, audio/visual tapes, and other items identified as “confidential” or “sensitive” information.

5. I understand that Arizona State Law prohibits me from using confidential information for personal gain.

6. I understand that confidential information in my control must be maintained and protected from inappropriate disclosure at all times (i.e., hard copy information when not in use will not be accessible to others, including stored in locked or other secure compartments, computer files must be password protected and closed, working documents turned face down on desk, electronic transmission of information will be encrypted in accordance with HIPAA, etc.)
7. I understand that it is the user’s responsibility to protect highly sensitive information. As such, I am required to use good judgment in assessing what form of communication is appropriate for particular information. If I have any questions or concerns, I am to consult the Arizona Department of Health or my supervisor.

8. I understand that confidential information may only be accessed when I am specifically authorized to do so and I will use only the amount of information necessary within the scope of my duties. When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent inappropriate access to that information.

9. I understand that confidential information, including paper and electronic records, correspondence, documents and other forms of such information, cannot be released to or discussed with anyone other than authorized individuals. I will also violate this provision if I intentionally or negligently mishandle or destroy confidential information.

10. I understand that I am not to contact the individuals(s) or other related persons to whom confidential information pertains unless I am specifically authorized to do so by law.

11. I understand that it is a violation of State of Arizona and Arizona Department of Health Services policy for me to share my sign-on code and/or password for accessing electronic confidential information. I further understand that I will not use another person’s sign-on code and/or password or otherwise attempt to access electronic confidential information that is not within the scope of my work.

12. I understand that it is my responsibility to know and abide by any additional confidentiality provisions required by my job that may be issued by the Arizona Department of Health Services or the office to which I report. If I have questions about which confidentiality rules apply to my job, I understand that it is my responsibility to ask my supervisor prior to releasing any information, even if the information request is in the form of a subpoena or other legal document.

13. I understand that it is my responsibility to report any observed or suspected breach of confidentiality by any other employee to my supervisor.

14. I understand that if it is determined that I have violated this Pledge or any other confidentiality requirement, I may be subject to formal disciplinary action up to and including loss of privileges, contractual or other rights which may be granted as a result of an affiliation in accordance with Arizona Department of Health Services and/or State of Arizona procedures. Unauthorized use or release of confidential information may also subject me to personal, civil, and/or criminal liability and legal penalties.
Center for Disease Control (CDC) “You Call the Shots” Webinar Instruction Guide

Please follow these instructions carefully to ensure complete access to the CDC webinar.


2. Click on New Participant.

3. Complete New Participant Registration Participant Profile. Follow the prompts until your registration is complete.


5. In the “Now Available” section on the CDC web page click on one of the following bullet points:
   - [Vaccines For Children (VFC)](http://www2a.cdc.gov/TCEOnline/index.asp) Jan 2019
   - [Vaccine Storage and Handling](http://www2a.cdc.gov/TCEOnline/index.asp) Jan 2019
   - * The AIPO Train-Arizona Vaccines for Children Training module
     AIPO=Arizona Immunization Program Office training-www.aipotrain.org

6. Scroll to the bottom of the page and click “continue” to start program.

7. Once you have completed the course and you’re on the “Resources” page, click “Click here to Continue.”

8. Print this page or write down the course number and verification code. Click on the link [http://www2a.cdc.gov/TCEOnline](http://www2a.cdc.gov/TCEOnline).

9. Click on the “Participant Login” link.

10. Enter your Login Name and Password, click on the “Log in Now” button.

11. Click on the “Search and Register” link.

12. In the middle section, 2) Keyword Search, type in the course number and click the “View” button.

13. Click on the course link, scroll to the bottom of the page and click on the appropriate CE designation (example, if a Medical Assistant (MA), click on .1 CEU for other professionals).

14. Complete the demographic information and click “Submit.”

15. Take the Posttest if required; follow the prompts until you can click on “Certificate.”

16. Print your certificate.
Center for Disease Control (CDC)  
“You Call the Shots” Webinar  
Instruction Guide

1. Register at http://www2a.cdc.gov/TCEOnline/index.asp. If you are already a CDC Training and Continuing Education Online Participant, please skip to step 4.

2. Click on New Participant.

3. Complete New Participant Registration Participant Profile. Follow the prompts until your registration is complete.

4. Once complete, go to http://www.cdc.gov/vaccines/ed/youcalltheshots.htm

5. In the “Now Available” section on the CDC web page click on one of the following bullet points:
   - Vaccines for Children (VFC) - 2019
   - Vaccine Storage and Handling - 2019

6. Scroll to the bottom of the page and click “continue” to start program.

7. Once you have completed the course and you’re on the “Resources” page, click “Click here to Continue.”

8. Print this page or write down the course number and verification code. Click on the link http://www2a.cdc.gov/TCEOnline.

9. Click on the “Participant Login” link.

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12. In the middle section, 2) Keyword Search, type in the course number and click the “View” button.

13. Click on the course link, scroll to the bottom of the page and click on the appropriate CE designation (example, if a Medical Assistant (MA), click on .1 CEU (for other professionals).

14. Complete the demographic information and click “Submit.”

15. Take the Posttest if required, then follow the prompts until you can click on “Certificate.”

16. Print your certificate.
III. Body mass index (BMI)
**WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents**

**Measure Definition:**

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for Physical activity in 2015.

**Common Chart Deficiencies and Tips:**

1. BMI percentile or BMI percentile plotted on growth chart for members 3-17 years of age
2. Must include documentation indicating counseling for nutrition and physical activity

---

**Billing Reference**

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
<th>HCPCS</th>
<th>ICD-10 CM</th>
<th>UB Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office /Other Outpatient</td>
<td>99201-99205, 99211-99215,99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456</td>
<td>G0402, G0438, G0439, G0463, T1015</td>
<td></td>
<td>0510-0517, 0519, 0523, 0526-0529, 0982, 0983</td>
</tr>
<tr>
<td>BMI, BMI Percentile</td>
<td></td>
<td></td>
<td>Z68.51-Z68.54</td>
<td></td>
</tr>
<tr>
<td>Nutrition Counseling</td>
<td>97802-97804</td>
<td>G0270, G0271, G0447, S9449, S9452, S9470</td>
<td>Z71.3</td>
<td></td>
</tr>
<tr>
<td>Physical Activity Counseling</td>
<td></td>
<td>G0447, S9451</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Measure Exclusion Criteria:**

Any diagnosis of pregnancy during 2015 counts as an exclusion for this measure

---

HEDIS® stands for Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).
Body Mass Index (BMI) for children and teens

By Centers For Disease Control and Prevention (CDC)

In children and teens, BMI is used to assess underweight, overweight, and risk for overweight. Children’s body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is plotted on gender specific growth charts. Body Mass Index is used to assess underweight, overweight, and those at risk for overweight. PCPs are required to calculate the child’s BMI and percentile. These charts are used for children and teens 2-20 years of age. For the 2000 CDC Growth Charts and additional information visit the CDC website, www.cdc.gov/. To use the CDC BMI calculator to calculate BMI log on to www.cdc.gov/nccdphp/dnpa/bmi/. Other resources to assist with calculating body mass index and percentiles are https://www.cdc.gov/growthcharts/growthchart_faq.htm and https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html. While it is still appropriate for PCPs to evaluate growth prior to age 2; it is important that PCPs follow CDC recommendations, utilize the World Health Organization’s growth charts and ensure that the assessment takes into consideration both the child’s age and gender in determining the assessment of growth.

Each of the CDC BMI-for-age gender specific charts contains a series of curved lines indicating specific percentiles. The following established percentile cutoff points are used to identify underweight and overweight children.

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Cutoff Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>BMI-for-age &lt; 5th percentile</td>
</tr>
<tr>
<td>Healthy weight</td>
<td>BMI-for-age 5th percentile to &lt; 85th percentile</td>
</tr>
<tr>
<td>Overweight</td>
<td>BMI-for-age 85th percentile to &lt; 95th percentile</td>
</tr>
<tr>
<td>Obese</td>
<td>BMI-for-age &gt;= 95th percentile</td>
</tr>
</tbody>
</table>

If a child is determined to be below the 5th percentile, or above the 85th percentile, the PCP should provide guidance to the member’s parent/guardian regarding diet and exercise for the child. Additional services may be provided or referrals made if medically necessary.
### AHCCCS childhood obesity medical guidelines

**Prevention/reduction guidelines EPSDT 3-20 years of age**

<table>
<thead>
<tr>
<th>Tier 1 – prevention</th>
<th>Tier 2 – at-risk</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family history</td>
<td>• Tier 1 plus</td>
<td>• Tier 2 plus</td>
<td>• Tier 3 plus</td>
</tr>
<tr>
<td>• Birth weight</td>
<td>• Identified failure</td>
<td>• Identified failure</td>
<td>• Identified failure</td>
</tr>
<tr>
<td>• Socioeconomic factors</td>
<td>• with prevention</td>
<td>• with tier 2</td>
<td>• with tier 3</td>
</tr>
<tr>
<td>• Ethnic factors</td>
<td>• recommendations</td>
<td>• recommendations</td>
<td>recommendations</td>
</tr>
<tr>
<td>• Cultural factors</td>
<td>• Significant change</td>
<td>• Complications in</td>
<td>Identified willingness to</td>
</tr>
<tr>
<td>• Environmental factors</td>
<td>• in BMI/percentile</td>
<td>• Dyslipidemia</td>
<td>change/desire to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Glucose</td>
<td>changes (tool)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• tolerance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Triglycerides</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Acanthosis nigricans</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Elevated blood pressure</td>
<td></td>
</tr>
</tbody>
</table>

**Pcp patient obesity identification**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Calculate body mass index (BMI) and growth percentile annually to identify excessive weight gain relative to linear growth</td>
<td>• Pcp identified/parent identified weight gain relative to linear growth</td>
<td>• 85th percentile</td>
<td>• 95th percentile or greater</td>
</tr>
<tr>
<td>• 75th percentile</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Use BMI/percentile wheel**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pcp parent/child education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Encourage breastfeeding</td>
<td>• Tier 1 plus</td>
<td>• 85th percentile</td>
<td>• Enroll in center for excellence obesity management program (train the trainer model)</td>
</tr>
<tr>
<td>• Promote healthy family eating patterns</td>
<td>• Recommend medical nutritionist/dietician consultation</td>
<td>• Tier 2 plus</td>
<td>– Umc</td>
</tr>
<tr>
<td>• Promote family physical activity</td>
<td>• Recommend family exercise physiologist consultation</td>
<td>• Recommend family nutritionist/dietician consultations</td>
<td>– Tmc</td>
</tr>
<tr>
<td>• Recommend limitation of t.V./Video 2 hours per day</td>
<td>• Increase family motivational/behavioral therapy consultations</td>
<td>• Increase family motivational behavioral therapy consultations</td>
<td>– El rio</td>
</tr>
<tr>
<td>• Monitor for changes in BMI or growth percentile (cross percentiles)</td>
<td>• Evaluate for depression Recommendations for weight loss goals</td>
<td>• In-depth medical assessment, including lab work-up</td>
<td>– Kino</td>
</tr>
<tr>
<td></td>
<td>• 85th percentile</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Enroll in center for excellence obesity management program (train the trainer model)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)
<table>
<thead>
<tr>
<th>Medical nutrition therapy/dietician</th>
<th>• Not indicated</th>
<th>• 2 Visits per year</th>
<th>• 4 Visits per</th>
<th>• 1 X per week x 16 weeks, with follow up at 3, 6, 9 and 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivational/behavioral therapy</td>
<td>• Not indicated</td>
<td>• 2 Visits per year</td>
<td>• 4 Visits per</td>
<td>• 1 X per week x 16 weeks, with follow up at 3, 6, 9 and 12 months</td>
</tr>
<tr>
<td>Exercise physiologist</td>
<td>• Not indicated</td>
<td>• Not indicated</td>
<td>• 1 X per week x 4 weeks with monthly follow-up visit (60 minute visits)</td>
<td>• 1 X per week x 16 weeks, with follow up at 3, 6, 9 and 12 months</td>
</tr>
<tr>
<td>Depression management</td>
<td>• Not indicated</td>
<td>• If indicated</td>
<td>• If indicated</td>
<td>• If indicated</td>
</tr>
<tr>
<td>Center of excellence for obesity</td>
<td>• Not indicated</td>
<td>• Not indicated</td>
<td>• If indicated</td>
<td>• Family approach. Individualized curriculum.</td>
</tr>
<tr>
<td>Management (train the trainer model)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Definitions/Resources**


**Center for Excellence** are hospitals or programs that specialize in treating particular illnesses, or performing particular treatments, such as cancer or organ transplants. Agency for Health Care Research and Quality.

**Establishing Weight Loss Goals**

Initial: The first step in weight control for overweight children is maintenance of baseline weight. Achieved through modest changes in diet and activity. Initial success can be the foundation for future changes.

Prolonged Weight Maintenance: Allows for a gradual decline in BMI/percentile as children grow in height, is a sufficient goal for many children.

Weight Loss: For children with a BMI at the 95th percentile or above, the family should be encouraged to demonstrate that they can maintain the child’s weight and then clinicians should recommend additional changes in eating and activity to achieve weight loss of at least one pound per month, until they fall below the 85th percentile, with the primary goal of healthy eating and activity remaining.


**Exercise Physiologist** is a professional who works in the application of exercise and physical activity for those clinical and pathological situations where it has shown to provide therapeutic or functional benefit. An Exercise Physiologist has completed at least an undergraduate degree (or emphasis) in exercise physiology. Reference The American College of Sports Medicine.
Healthy Family Eating Patterns: Reference Smart Eating Basic Nutrition Guidelines, Center for Disease Control website.

In-depth Medical Work-up includes family history, review of birth weight, cultural, ethnic and environmental factors, health assessment, willingness to change assessment tool completion, lab work including lipid profile (triglycerides), thyroid, glucose tolerance test.

Medical Nutritionist/Dietician Consultation focused on establishing dietary goals for patients and their families that are well-balanced, healthy meals and a healthy approach to eating. These changes should be considered permanent rather than a temporary eating plan for rapid weight loss. Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.

The practice of dietetics can be defined as nutritional counseling or education as components of preventive, curative, and restorative health care. Ohio Board of Dietetics website.

Motivational/Behavioral Therapy Consultation focuses on developing an awareness of current eating habits, activities and parenting behavior; identification of problem behaviors; modification of current behavior; continued awareness of behavior and recognition of problems that arise as the child becomes more independent, as family schedules change, or as other changes occur that alter the initial treatment plan. Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.

Parent/Child Agreement to Complete Childhood Obesity Center for Excellence Program is a discussed and signed agreement between the provider and the member and/or their parent/guardian that they agree to follow recommendations and keep appointments scheduled as part of this study.

Parent/Child Educational Tools: Reference the Center for Disease Control website for age appropriate educational tools for parents and children.

Percentiles are growth curves established for children. NCHS will overlay BMI on the growth curve chart in the near future to facilitate use. Reference Overview of the CDC Growth Charts, Polhamus, B., et.al., December 18, 2004 or Centers for Disease Control website.

Provider Tools: Reference the Center for Disease Control website and the American Academy of Pediatrics website for information and educational tools.

Willingness to change/Readiness to change is the use of a standardized tool to determine readiness to change or lose weight. Reference the Provider-based Assessment and Counseling for Exercise program, cosponsored by the Centers for Disease Control and Prevention and the Association for Teachers of Preventive Medicine.

Outcome Measures: At 12 months:

- Reduction in percentile/BMI, or weight loss goal achieved
- If applicable:
  - Improved glucose tolerance
  - Improved triglycerides
  - Reduction in dyslipidemia

Outcome Measures: At 24 months:

- If weight loss goal achieved at 12 months, weight loss has been sustained, or
- If weight loss goal not achieved at 12 months, continued reduction in percentile/BMI or weight loss goal now achieved
- If applicable:
  - Sustained improvement in glucose tolerance (if applicable)
  - Sustained improvement in triglycerides
  - Sustained reduction in dyslipidemia
  - Re-measure outcomes through annual on-going measurement at PCP well-child visits.

www.MercyCareAZ.org
Improving Clinical Practice

The American Academy of Pediatrics recommends that pediatricians engage in efforts to mitigate weight stigmatization at the practice level and beyond. The following recommendations offer practice-level strategies for pediatricians.

1. **Role Modeling.** It is important for pediatricians and pediatric health care professionals to demonstrate and model professional behavior with colleagues, staff, and trainees that is supportive and nonbiased toward children and families with obesity. These efforts should include the recognition and acknowledgment of the complex etiology of obesity, including genetic and socioeconomic factors, environmental contributors, community assets, family and cultural traditions, and individual choices. This recognition can help dispel common assumptions and stereotypes that place blame and judgment solely on individuals for having excess weight or difficulties achieving weight loss.

2. **Language and Word Choice.** It is important for pediatricians and pediatric health care professionals to use appropriate, sensitive, and non-stigmatizing language in communication about weight with youth, families, and other members of the pediatric health care team. Words can heal or harm, intentionally and unintentionally. Recent evidence shows that neutral words like “weight” and “body mass index” are preferred by adolescents with overweight and obesity, whereas terms like “obese,” “extremely obese,” “fat,” or “weight problem” induce feelings of sadness, embarrassment, and shame if parents use these words to describe their children’s body weight. Furthermore, using people-first language is one step to help reduce the use of potentially stigmatizing language, and it is now emerging as the preferred standard with obesity as well as other diseases and disabilities. People-first language places the individual first before the medical condition or disability and involves using phrases such as “a child with obesity” rather than an “obese child.”

3. **Clinical Documentation.** Obesity is a medical diagnosis with real health consequences, so it is important for children and families to understand the current and future health risks associated with the degree to which a patient weighs more than what is healthy. However, this should be addressed with a balanced and empathetic approach so that the information is conveyed and understood in a sensitive and supportive manner. Using more neutral terms, such as “unhealthy weight” and “very unhealthy weight,” both in clinical notes and when speaking to patients and family members can assist in these efforts. Electronic health records and medical coding nomenclature could consider using the terms “unhealthy weight” and “very unhealthy weight” instead of “obesity” and “morbid obesity” in problem lists to further support the use of patient-sensitive language during clinical encounters.

4. **Behavior Change Counseling.** Beyond specific word choice, it is recommended that patient-centered, empathetic behavior change approaches, such as motivational interviewing, be used as a framework to support patients and families in making healthy changes. Through motivational interviewing, health care professionals collaboratively engage the patient and/or parents in determining their goals and addressing barriers to how they will achieve sustained health behavior change.

5. **Clinical Environment.** Pediatricians should create a safe, welcoming, and non-stigmatizing clinic space for youth with obesity and their families. This requires creating a supportive practice setting that accommodates patients of diverse body sizes, from the clinic entrance to the examination room (see Appendix 1).

6. **Behavioral Health Screening.** Addressing weight stigma in clinical practice also necessitates that pediatricians assess patients not only for physical but also emotional comorbidities and negative exposures associated with obesity, including bullying, low self-esteem, poor school performance, depression, and anxiety. These are often overlooked but can be signs a child is experiencing weight-based bullying.

For more information please visit: [http://pediatrics.aappublications.org/content/140/6/e20173034](http://pediatrics.aappublications.org/content/140/6/e20173034)
2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles

Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

http://www.cdc.gov/growthcharts

www.MercyCareAZ.org
2 to 20 years: Boys
Body mass index-for-age percentiles

Date | Age | Weight | Stature | BMI* | Comments
--- | --- | --- | --- | --- | ---

*To Calculate BMI: Weight (kg) = Stature (cm) / Stature (cm) x 10,000
or Weight (lb) = Stature (in) / Stature (in) x 703

Published May 30, 2000 (modified 10/16/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

www.MercyCareAZ.org
Birth to 24 months: Girls
Head circumference-for-age and Weight-for-length percentiles

Published by the Centers for Disease Control and Prevention, November 1, 2009
# 2 to 20 years: Girls

**Body mass index-for-age percentiles**

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI*</th>
<th>Comments</th>
</tr>
</thead>
</table>

*To Calculate BMI: Weight (kg) = Stature (cm) / Stature (cm) x 10,000 or Weight (lb) = Stature (in) / Stature (in) x 703

Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

[http://www.cdc.gov/growthcharts](http://www.cdc.gov/growthcharts)
The Smart and Healthy Way to Go!

Eat 5 servings a day of fruits and vegetables

**Smart Ideas:**
- choose fresh fruit instead of juice
- try a new fruit or vegetable each week
- choose a fruit or vegetable for a snack
- try a new recipe using fruits or vegetables

Spend less than 2 hours a day in front of a screen

**Smart Ideas:**
- keep TVs, video games and computers out of the bedroom
- plan your TV time (and stick to it)
- don’t eat in front of the TV
- reach for a good book

Spend at least 1 hour every day doing something active

**Smart Ideas:**
- involve the family – take a walk, go to the park, walk the dog
- try wearing a pedometer and walking 10,000 steps a day
- ride a bike or take a hike
- try a new sport

Limit sweetened drinks (to near 0 a day)

**Smart Ideas:**
- drink more water
- don’t forget about low-fat milk
- did you know that sports drinks and energy drinks are loaded with sugar?

www.MercyCareAZ.org
10 tips
Nutrition Education Series

Making food choices for a healthy lifestyle can be as simple as using these 10 Tips.
Use the ideas in this list to balance your calories, to choose foods to eat more often, and to cut back on foods to eat less often.

1. balance calories
   Find out how many calories YOU need for a day as a first step in managing your weight. Go to www.choosemyplate.gov to find your calorie level. Being physically active also helps you balance calories.

2. enjoy your food, but eat less
   Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you’ve had enough.

3. avoid oversized portions
   Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

4. foods to eat more often
   Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.

5. make half your plate fruits and vegetables
   Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

6. switch to fat-free or low-fat (1%) milk
   They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.

7. make half your grains whole grains
   To eat more whole grains, substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread or brown rice instead of white rice.

8. foods to eat less often
   Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

9. compare sodium in foods
   Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled “low sodium,” “reduced sodium,” or “no salt added.”

10. drink water instead of sugary drinks
    Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar, and calories, in American diets.

Go to www.choosemyplate.gov for more information.
IV. Blood lead screening
Dear Mercy Care Provider,

In accordance with the AHCCCS Medical Policy Manual (AMPM), all children 12 months and 24 months of age must have a blood lead test. In addition, children between the ages of 24 months and 72 months of age who have not been previously tested, or who missed either the 12 month or 24 month test, must have a blood lead test. Blood lead levels may be tested at times other than those specified if thought to be medically indicated by responses to a verbal blood lead screening, or in response to parental concerns. Additional testing for children less than 6 years of age is based on the child’s risk as determined by either the residential zip code or presence of other known risk-factors.

Verbal blood lead screening is recommended to be completed at each EPSDT visit for children 6 months to 72 months of age. Verbal blood lead screening results should identify members who are at high-risk for blood lead poisoning and in need of blood lead testing.

- **Low-risk:** All verbal blood lead screening questions are answered “No.”
- **High-risk:** One or more verbal blood lead screening questions are answered “Yes” or “Unsure.”

### LEAD TESTING and SCREENING REQUIREMENTS

<table>
<thead>
<tr>
<th>Required Blood Lead Testing</th>
<th>Recommended Verbal Blood Lead Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 12 months of age</td>
<td>• Completed at each EPSDT visit for children 6 months to 72 months of age.</td>
</tr>
<tr>
<td>• 24 months of age</td>
<td></td>
</tr>
<tr>
<td>• Between 24 months and 72 months of age if child has not been previously tested.</td>
<td></td>
</tr>
<tr>
<td>• Child missed either the 12 month or 24 month test.</td>
<td></td>
</tr>
<tr>
<td>• One or more verbal blood lead screening questions are answered “Yes” or “Unsure.”</td>
<td></td>
</tr>
</tbody>
</table>

Anticipatory guidance to provide an environment safe from lead, shall still be included as part of each EPSDT visit from 6 months to 72 months of age. For a complete list of high-risk zip codes, please visit the Arizona Department of Health Services at [www.azdhs.gov/leadmap](http://www.azdhs.gov/leadmap).

A blood lead test result equal to or greater than 10 micrograms of lead per deciliter of whole blood obtained by capillary specimen or fingerstick shall be confirmed using a venous blood sample. If you
have questions about lead toxicity, testing, treatment or reporting (blood lead level >10 ug/dL is reportable), call the Arizona Department of Health Services (ADHS) at 602-364-3118 or log on to ADHS Lead Poisoning Prevention Program at: https://www.azdhs.gov/preparedness/epidemiology-disease-control/environmental-health/index.php


Mercy Care provides appropriate care coordination for EPSDT members who have elevated blood lead levels of 10 micrograms per deciliter or greater. Mercy Care will also assist with referral of members who lose AHCCCCS eligibility to low-cost or no-cost follow-up testing and treatment for those members that have a blood lead test result equal to or greater than ten micrograms of lead per deciliter of whole blood.

For your convenience, enclosed is the verbal blood lead screening tool (English/Spanish/Arabic) that can be filled out in the waiting room. Should you have any questions please do not hesitate to contact EPSDT Coordinator, Sheryl Christianson at 480-416-6004 or ChristiansonS@MercyCareAZ.org.

Thank you,

Colleen Soeder, RN
Director, Performance Management & Quality Improvement
Childhood Lead Poisoning Prevention Program

This questionnaire is to help determine if your child has been exposed to lead.

Please answer the following questions. Bring this document to your child’s next well child visit. The doctor will help you determine your child’s risk for lead in the blood.

Please circle Yes or No for each question.

In the past year, has your child...

<table>
<thead>
<tr>
<th>Lived in or regularly visited:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Been around adults who:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eaten or drunk:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If you answered “Yes” to any of these questions or cannot answer a question, discuss with your child’s health care provider to determine whether your child should receive a blood test.

For more information about lead exposure and screening, you can visit the Arizona Department of Health (ADHS) webpage about lead at [www.azdhs.gov/phs/oeh/children/lead/index.htm](http://www.azdhs.gov/phs/oeh/children/lead/index.htm) or call 602-364-3118.

*Arizona Department of Health Services*
*www.azhealth.gov/lead*

[www.MercyCareAZ.org](http://www.MercyCareAZ.org)
Cuestionario para los padres

Programa de prevención de envenenamiento por plomo infancia

Este cuestionario es para ayudarle a determinar si su hijo ha sido expuesto al plomo.

Por favor conteste las siguientes preguntas y tráigala con usted a la próxima cita de bienestar infantil de su niño(a). El doctor le ayudara a decidir si su niño(a) esta en riesgo de envenenamiento de plomo.

Por favor, círculo Sí o No para cada pregunta.

En el último año, su hijo ha...

<table>
<thead>
<tr>
<th>Vivido en o visitado regularmente:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estado alrededor de adultos que:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comido o bebido:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
<tr>
<td>Sí</td>
<td>No</td>
</tr>
</tbody>
</table>

Si usted contestó "Sí" a alguna de estas preguntas o no puede responder la pregunta, hable con el doctor de su hijo para ver si su hijo necesita hacerse un examen de sangre para la detección de plomo.

برنامج الوقاية من التسمم بالرصاص في مرحلة الطفولة

هدف هذا الاستبيان إلى المساعدة في تحديد ما إذا كان طفلك قد تعرض للرصاص أم لا. الرجاء الإجابة عن الأسئلة التالية. أحضر هذا المستدي في الزيارة التفقدية التالية لطفلك. سيساعدك الطبيب على تحديد خطر إصابة طفلك بالرصاص في الدم.

يرجى الإجابة عن كل سؤال بوضع دائرة حول نعم أو لا.

في العام الماضي، هل كان طفلك...

<table>
<thead>
<tr>
<th>يمكن أو يذهب في زيارات متفرقة:</th>
</tr>
</thead>
<tbody>
<tr>
<td>إلى منزل بني قبل عام 1978 يحتوي على طلاء متساقط أو مش عند أو متفرد</td>
</tr>
<tr>
<td>إلى منزل بني قبل عام 1978 ورمم خلال الأشهر 6 الماضية</td>
</tr>
<tr>
<td>إلى أحد الآخرين/الأطفال أو أب وأمه أو صديق بل معه أو علاجته من التسمم بالرصاص</td>
</tr>
<tr>
<td>بالقرب من مصنع أو منشأة صناعية أو منجم</td>
</tr>
<tr>
<td>المريخ أو الهند أو الشرق الأوسط أو أمريكا الوسطى أو أمريكا الجنوبية أو أوروبا أو آسيا</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>كان حول بالغين الذين يقومون بالأعمال التالية:</th>
</tr>
</thead>
<tbody>
<tr>
<td>الصيد أو صيد الأسماك أو إعادة تحميل الرصاص أو إعادة صُعُّل الأشغال</td>
</tr>
<tr>
<td>المعتمة ولاء بالآلوان</td>
</tr>
<tr>
<td>السباكة أو الميكانيكا أو أعمال البناء أو أعمال المناجم أو أعمال اللحام</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>اكل أو شرب:</th>
</tr>
</thead>
<tbody>
<tr>
<td>من أواني/صحون الطهي الخفيفة أو الفخار المستورد</td>
</tr>
<tr>
<td>وجبات الطعام المصنوعة من البهارات المستوردة أو القادمة من بلد آخر (مثل الكركم)</td>
</tr>
<tr>
<td>حلوى من بلاد أخرى تحتوي على التمر الهندي أو مسحوق الفلفل الحار</td>
</tr>
<tr>
<td>العطلات المنزلية (مثل Azarcon Rueda أو Greta)</td>
</tr>
</tbody>
</table>

إذا أجبت ب "نعم" على أي من هذه الأسئلة أو لم تتمكن من الإجابة عن أحد الأسئلة، فتناولت مع موفر الرعاية الصحية.


الرقم 602-364-3118.

دارسة الخدمات الصحية في ولاية أريزونا www.azhealth.gov/lead

www.MercyCareAZ.org
Lab testing frequency for elevated blood lead levels

The following schedule is based upon CDC’s suggested frequency for follow-up lab test. This schedule is to be used as a guide. Consideration should be given to individual patient/caregiver capabilities; frequency follow-up test should be adjusted accordingly.

- **Test results are ≥ 10 and ≤ 14 g/dL**
  - Retest every 3 mo. With declining BLL, retest in 6–9 mos.
  - Continue to monitor until 2 consecutive test are ≤ 10
  - Close to ongoing monitoring

- **Test results are ≥ 15 and ≤ 19 g/dL**
  - Retest every 1-3 mo. With declining BLL, retest in 3-6 mos.

- **Test results are ≥ 20 and ≤ 24 g/dL**
  - Retest every 1-3 months

- **Test results are ≥ 25 and ≤ 44 g/dL**
  - Retest every 2-4 wks. With declining BLL, retest once a month.

- **Test results are ≥ 45 g/dL**
  - Retest ASAP. Retest after medical treatment according to BLL.

While chelation therapy is considered a mainstay in the medical management of children with BLLs ≥ 45, it should be used with caution. PCP’s should consult with an expert in the management of lead toxicity prior to using chelation agents.
Parent Questionnaire

Childhood Lead Poisoning Prevention Program

*This questionnaire is to help determine if your child has been exposed to lead.*

Please circle Yes or No for each question.

**In the past year, has your child...**

<table>
<thead>
<tr>
<th>Lived in or regularly visited:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Been around adults who:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eaten or drunk:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If you answered “Yes” to any of these questions or cannot answer a question, discuss with your child’s health care provider to determine whether your child should receive a blood test.
Recommendations on Blood Lead Testing for Refugees

**Blood Lead Testing**

- Perform blood lead testing for all refugee children 6 months to 16 years upon entering the United States (within 90 days of arrival, preferably 30 days).

- Repeat blood lead testing for all children 6 months to 6 years of age 3 - 6 months after initial screening, regardless of initial screening blood lead level (BLL) results.

**Post-arrival Evaluation & Therapy**

- Perform nutritional evaluations on all children upon entering the U.S.

  - At minimum, evaluation should contain assessment of children’s iron status, including hemoglobin/hematocrit & evaluation of 1 or more of the following:
    - Mean corpuscular volume (MCV) with red cell distribution width (RDW)
    - Ferritin
    - Transferring saturation
    - Reticulocyte hemoglobin content

- Provide appropriate nutritional and vitamin supplements as indicated to prevent childhood lead poisoning.

**Long-term Follow-up**

- Schedule for follow-up testing for children identified with elevated BLLs:

<table>
<thead>
<tr>
<th>Venous blood lead level (µg/dL)</th>
<th>Early follow-up (first 2-4 tests after identification)</th>
<th>Late follow-up (after BLL begins to decline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 5 - 9µg/dL</td>
<td>3 months*</td>
<td>6-9 months</td>
</tr>
<tr>
<td>10-19µg/dL</td>
<td>1-3 months*</td>
<td>3-6 months</td>
</tr>
<tr>
<td>20-24µg/dL</td>
<td>1-3 months*</td>
<td>1-3 months</td>
</tr>
<tr>
<td>25-44µg/dL</td>
<td>2 weeks-1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>≥ 45µg/dL</td>
<td>As soon as possible</td>
<td>As soon as possible</td>
</tr>
</tbody>
</table>

**Notes:**

- CDC recommends ongoing monitoring of BLLs greater than or equal to the reference value, currently 5 µg/dL. The schedule for follow-up testing is aligned with CDC recommendations.

- Some PCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

- Continue neurodevelopmental monitoring long after a child’s BLL has been reduced; a child’s elevated BLL history should be part of his/her permanent record.

**Website:** www.azhealth.gov/lead

**Phone:** 602-364-3118

**Email:** healthyhomes@azdhs.gov

**CDC:** www.cdc.gov/nceh/lead

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Last Revised 06/2017
**Did You Know?**

**Refugee Children...**

are **twice** as likely as U.S. children to have elevated blood lead levels (BLLs).

Some sub-populations of refugee children are 12-14.5 times more likely to have elevated BLLs.

**Lead...**

Is particularly harmful to the developing brain and nervous system of fetuses and young children.

Is a poison that affects almost every system in the body.

Most children will not show any signs or symptoms.

Can pass from a mother to her unborn baby.

Bone lead stores are mobilized in pregnancy & lactation for women with prior lead exposure.

Can cause a child's IQ to drop 1 to 3 points for every increase of 10µg/dL in BLL.

**Health Effects of Lead Exposure**

**Lower Blood Lead Level**

- Developmental delay
- Learning difficulties
- Irritability
- Sluggishness and fatigue
- Abdominal pain
- Vomiting
- Constipation
- Hearing Loss

**No Safe Level of Lead Exists!**

**Extremely High Blood Lead Level**

Severe brain damage
Death

**More Facts**

- Iron deficiency is prevalent among refugee children and increase gastrointestinal absorption of lead.

- Neurodevelopmental monitoring should continue after BLL has reduced because many deficits will not manifest until child starts school.

**Potential Sources of Lead in Arizona**

- Homes built before 1978 with chipping, peeling or flaking paint, or imported toys with lead-based paint.
- Imported spices & makeup, such as turmeric, coriander, black pepper, thyme, himalayan sindoor, and kohl.
- Imported glazed pottery, commonly used to cook beans or hot chocolate.
- Home remedies such as greta or azarcon used to treat stomach illness or bakhoor incense used to calm infants.
- Soil or dust tracked into the house contaminated with lead.
- Hobbies such as hunting and fishing that use leaded bullets or fish sinkers; some artist paints and furniture refinishing.
- Work in lead-related industries such as construction, mining, welding, or plumbing.
- Eating stones, dirt, clay, chalk, paint chips, etc. due to pica disorder; common among pregnant women.

[http://www.cdc.gov/nceh/lead](http://www.cdc.gov/nceh/lead)
# Recommendation Schedule for Follow up Blood Lead Testing

<table>
<thead>
<tr>
<th>Venous blood lead level (µg/dL)</th>
<th>Early follow-up (first 2-4 tests after identification)</th>
<th>Late follow-up (after blood lead level begins to decline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 5-9</td>
<td>4 months</td>
<td>6-9 months</td>
</tr>
<tr>
<td>10-19</td>
<td>3 months*</td>
<td>3-6 months</td>
</tr>
<tr>
<td>20-24</td>
<td>1 month</td>
<td>1-3 months</td>
</tr>
<tr>
<td>25-44</td>
<td>2 weeks- 1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>≥ 45</td>
<td>As soon as possible</td>
<td>As soon as possible</td>
</tr>
</tbody>
</table>

*Some health care providers may choose to repeat blood lead tests on all new patients within a month to ensure that their blood lead level is not rising more quickly than anticipated.*

For more information please contact the Childhood Lead Poisoning Prevention Program at the Arizona Department of Health Services by calling 602-364-3118.
V. Dental
**Oral health care (EPSDT age members)**

As part of the physical examination, the physician, physician’s assistant or nurse practitioner must perform an oral health screening. A screening is intended to identify gross dental or oral lesions, but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan. Depending on the results of the oral health screening, referral to a dentist must be made as outlined in the contract:

**Category recommendation for next dental visit**
- **EMERGENT** Within 24 hours of request
- **URGENT** Within three days of request
- **ROUTINE** Within 45 days of request

An oral health screening must be part of an EPSDT screening conducted by a PCP. However, it does not substitute for examination through direct referral to a dentist. PCPs must refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the **AHCCCS EPSDT Periodicity Schedule**. Evidence of this referral must be documented on the EPSDT Tracking Form and in the member’s medical record. PCPs who have completed the AHCCCS required training, may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members who are at least six months of age, with at least one tooth eruption. Additional applications occurring every six months during an EPSDT visit, up until member’s second birthday, may be reimbursed according to AHCCCS-approved fee schedules. Application of fluoride varnish by the PCP, does not take the place of an oral health visit.

**AHCCCS recommended training for fluoride varnish application is located at:**
www.smilesforlifeoralhealth.org/buildcontent.aspx?pagekey=62973&lastpagekey=62989&user key=12050883&sessionkey=2618831&tut=555&customerkey=84&custsitegroupkey=0.

Please refer to Training Module 6 that covers carries risk assessment, fluoride varnish and counseling. Upon completion of the required training, providers should submit a copy of their certificate to each of the contacted health plans in which they participate, as this this is required prior to issuing payment for PCP applied fluoride varnish. This certificate may be used in the credentialing process to verify completion of training necessary for reimbursement.

**Dental home**
- American Association of Pediatric dentistry (AAPD) encourages parents and other care providers to help every child establish a dental home by 12 months of age and includes referral to dental specialists when appropriate.
- Mercy Care supports the American Association of Pediatric dentistry (AAPD) recommendations and requires that all PCPs refer members to a dentist and encourage a dental home is assigned by 12 months of age.
- The AHCCCS Dental Periodicity schedule must be followed and recommends that members make their first dental appointment by age one and every six months thereafter.

FFS members **shall be referred to a dental provider by one year of age by their PCP** and members enrolled with a Contractor shall be assigned to a Dental Home by one year of age. All Members shall receive care by a dental provider for routine preventive care. Please view the dental periodicity schedule. Members shall also be referred for additional oral health care concerns requiring additional evaluation and/or treatment.
## RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE

These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.

<table>
<thead>
<tr>
<th>AGE</th>
<th>12-24 months</th>
<th>2-6 years</th>
<th>6-12 years</th>
<th>12 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical oral examination including but not limited to the following: (^1)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assess oral growth and development</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Caries-risk Assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment for need for fluoride supplementation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Anticipatory Guidance/Counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Oral hygiene counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dietary counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Injury prevention counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Counseling for nonnutritive habits</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Substance use counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Counseling for intraoral/perioral piercing</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assessment for pit and fissure sealants</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Radiographic Assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prophylaxis and topical fluoride</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

\(^1\) First examination is encouraged to begin by age 1. Repeat every six months or as indicated by child’s risk status/susceptibility to disease.

**NOTE:** Parents/Guardians/Designated Representatives should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

**NOTE:** As in all medical care, dental care must be based on the individual needs of the member and the professional judgement of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule
Reduced Fee and Community Dental Clinics in Arizona

### MARICOPA COUNTY RESOURCES

<table>
<thead>
<tr>
<th>Maricopa County</th>
<th>MARICOPA COUNTY RESOURCES</th>
<th>PHONE NUMBER</th>
<th>ER</th>
<th>SUDDING FEE</th>
<th>DENTURES</th>
<th>NOTES</th>
<th>SENIOR</th>
<th>KIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avondale</td>
<td>Avondale Family Health Center Dental Clinic (MHIS)</td>
<td>623-344-609</td>
<td>YES</td>
<td>YES</td>
<td>Pre-quality at intake</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Buckeye</td>
<td>Buckeye Clinic/Adeles/Tidwell Family Care</td>
<td>623-386-1630</td>
<td>NO</td>
<td>YES</td>
<td>Dentures and Implants</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Chandler</td>
<td>Chandler OHW East Valley Children’s Dental Clinic</td>
<td>480-728-7590</td>
<td>NO</td>
<td>YES</td>
<td>Preventive Services &amp; Screening</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Chandler</td>
<td>Chandler Family Health Center Dental Clinic (MHIS)</td>
<td>480-344-6109</td>
<td>YES</td>
<td>YES</td>
<td>Pre-quality at intake</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>East Valley/Mesa</td>
<td>Arizona School of Dentistry &amp; Oral Health</td>
<td>480-248-8100</td>
<td>NO</td>
<td>YES</td>
<td>Student Dentists</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Glendale</td>
<td>Dental Care West – ASDON</td>
<td>623-251-4700</td>
<td>NO</td>
<td>YES</td>
<td>Student Dentists</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Glendale</td>
<td>Midwestern Dental Clinic</td>
<td>623-537-6000</td>
<td>YES</td>
<td>Accepts some insurance</td>
<td>Student Dentists</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Glendale</td>
<td>Glendale Family Health Center Dental Clinic (MHIS)</td>
<td>623-344-6789</td>
<td>YES</td>
<td>YES</td>
<td>Student Dentists</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Mesa</td>
<td>CARE Partnership</td>
<td>480-962-5197</td>
<td>YES</td>
<td>YES</td>
<td>Student Dentists</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Mesa</td>
<td>Mesa Family Health Center Dental Clinic (MHIS)</td>
<td>480-344-6209</td>
<td>YES</td>
<td>YES</td>
<td>Pre-quality at intake</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td>CASS Homeless Shelter</td>
<td>602-256-6945</td>
<td>YES</td>
<td>YES</td>
<td>Homeless Criteria</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td>Children’s Rehabilitative Services (dental palate) St. Joe’s</td>
<td>602-406-6400</td>
<td>YES</td>
<td>NO</td>
<td>Kids 0-18 Only</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td>Dave Pratt Boys and Girls Club</td>
<td>623-271-9561</td>
<td>YES</td>
<td>NO</td>
<td>Kids 0-18 Only</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td>Gompers Center</td>
<td>602-316-0661</td>
<td>YES</td>
<td>YES</td>
<td>Special Needs</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td>Homeward Bound</td>
<td>602-263-7654</td>
<td>YES</td>
<td>YES</td>
<td>Homeless Criteria</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td>Phoenix Indian Medical Center</td>
<td>602-263-1592</td>
<td>YES</td>
<td>YES</td>
<td>Native Americans Only</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Phoenix</td>
<td>John C. Lincoln/Desert Mission Children’s Dental</td>
<td>602-870-6363</td>
<td>NO</td>
<td>YES</td>
<td>Ages 1-20 Northcentral Phoenix</td>
<td>YES</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>For a private dentist in your community, log on to <a href="http://www.findadentist4.me">www.findadentist4.me</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Contact Information</td>
<td>Accepts Non-Natives</td>
<td>Accepts HIV/AIDS</td>
<td>Pre-Qualify @ Intake</td>
<td>Lottery for Care</td>
<td>Veteran’s Only</td>
<td>Pre-Qualify @ Intake</td>
<td>Special Notes</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td>------------------</td>
<td>----------------------</td>
<td>------------------</td>
<td>----------------</td>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Phoenix</td>
<td>Maricopa Medical Center Dental Clinic - Adults (MIHS)</td>
<td>602-344-3005</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for adults. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>Maricopa County Integrated Health INTAKE (MIHS)</td>
<td>602-344-3005</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for all MIHS patients.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>Maricopa Medical Center Dental Clinic - Kids (MIHS)</td>
<td>602-344-3005</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for kids. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>McDowell Health Care Dental Clinic (MIHS)</td>
<td>602-344-6500</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for HIV/AIDS patients. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>Mountain Park Health Dental Clinic - South Phoenix</td>
<td>602-243-1277</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for all MIHS patients. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>Native American Community Health Center</td>
<td>602-279-5262</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for Native American patients. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>Neighborhood Christian Clinic</td>
<td>602-258-2008</td>
<td>No</td>
<td>Closed on Wednesdays</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services. Closed on Wednesdays.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>St. Vincent de Paul Dental Clinic</td>
<td>602-261-6068</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for HIV/AIDS patients. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>South Central Family Health Dental Clinic (MIHS)</td>
<td>602-344-0400</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for all MIHS patients. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Phoenix</td>
<td>VA Medical Center (for 100% disabled only)</td>
<td>602-277-3551</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>Provides dental services for 100% disabled veterans.</td>
</tr>
<tr>
<td>Scottsdale</td>
<td>NOAH - Palomino Center</td>
<td>602-449-2811</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>Provides dental services for Native American patients. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Scottsdale</td>
<td>NOAH - Pinnacle Center</td>
<td>480-322-0007</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>Provides dental services for Native American patients. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Tribal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Contact their local Indian Health Services.</td>
</tr>
<tr>
<td>Abuse</td>
<td>Give Back a Smile (AACD)</td>
<td>1-800-dentist</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for children. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Abuse</td>
<td>Smiles for Success</td>
<td>1-800-920-2298</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for children. Pre-qualify required at intake.</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Ortho Clinic for Kids -- ASDOH</td>
<td>480-248-8132</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Provides dental services for children. Pre-qualify required at intake.</td>
</tr>
</tbody>
</table>

Sedation: Any MIHS Program. Ask for COPA Care application to qualify for discounted sedation/treatment.
A reminder about your child’s dental health!
Healthy baby teeth
Congratulations, your baby is one year old! Did you know that the American Dental Association (ADA) recommends that kids see a dentist by age one? The dentist will talk to you about how to take care of your baby’s teeth to help avoid any problems.

Why clean baby teeth
The care and cleaning of your baby’s teeth is important for long-term dental health. Even though the first set of teeth (baby teeth) will fall out, tooth decay can make the teeth fall out before they are ready. That makes the adult teeth come in crooked and out of place.

How to clean baby teeth
Daily dental care should begin even before your baby’s first tooth is in. Wipe your baby’s gums daily with a clean, damp washcloth or gauze. Or you can brush the gums gently with a soft, infant-sized toothbrush and water. As soon as the first teeth appear, brush the teeth and gums with water.

By the time all your baby’s teeth are in, try to brush your child’s teeth at least twice a day. It’s also important to get kids used to flossing early on. A good time to start flossing is when two teeth start to touch. Talk to your dentist for advice on flossing tiny teeth.

Make an appointment with the dentist
If you need help finding a dentist in your area, please call Mercy Care at 602-263-3000 or 1-800-624-3879, Monday through Friday 7 a.m. to 6 p.m. If you are deaf or have difficulty hearing, call 711. We can also offer a ride to the appointment. We are here to help!

Contract services are funded in part under contract with the state of Arizona. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

www.MercyCareAZ.org
Practice good oral care. Brushing, rinsing and flossing teeth are good habits for everyone.

2. Take your child to the dentist at least two times each year. (Second visit must occur at least 6 months and 1 day following the first visit.) If your child is under 21 years old, his/her dental visits are no cost to you.

3. Have your dentist apply dental sealants (plastic materials) to your child's back teeth when he/she is 6 to 9 years old. Dental sealants protect teeth from cavities and decay. Damage to teeth happens when germs in the mouth make acids that eat away at teeth. Dental sealants protect teeth from getting cavities and decay.

Does applying sealants hurt? No, your child will not feel pain when dental sealants are applied. It is a simple step. There are no shots or drugs. It is as if the dentist is painting the back teeth. This will "seal" and protect the grooves of the teeth. Talk to your child's dentist about the dental sealants at his/her next dental visit.

Let's schedule an appointment!
- Do you need help finding a dentist or finding a ride to the appointment?
- Call Member Services at 602-263-3000 or 1-800-624-3879, (TTY/TDD 711).
- 24-hour nurse line: 602-263-3000 or 1-800-624-3879.

Dental sealants for first and second molars are covered every three years up to 15 years of age, with a two-time maximum benefit.

Appointment details
________________________________

Contract services are funded in part under contract with the state of Arizona. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.
Giving your children a healthy smile is as easy as 1, 2, 3

1. Practice good oral care. Brushing, rinsing and flossing teeth are good habits for everyone.

2. Take your child to the dentist at least two times each year. (Second visit must occur at least 6 months and 1 day following the first visit.) If your child is under 21 years old, his/her dental visits are no cost to you.

3. Have your dentist apply dental sealants (plastic materials) to your child’s back teeth when he/she is 6 to 9 years old. Dental sealants protect teeth from cavities and decay.

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No, your child will not feel pain when dental sealants are applied. It is a simple step. There are no shots or drugs. It is as if the dentist is painting the back teeth. This will ‘seal’ and protect the grooves of the teeth.

Talk to your child’s dentist about the dental sealants at his/her next dental visit.

Let’s schedule an appointment

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- Call Member Services at 602-263-3000 or 1-800-624-3879, (TTY/TDD 711).
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Appointment details________________________________

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www.MercyCareAZ.org
VI. Home Visitation Programs
Programs to Help Parents in Arizona

Strong Families AZ is a network of free home visiting programs that helps families raise healthy children ready to succeed in school and life. The programs focus on pregnant woman and families with children birth to age 5.

Our Programs *(Search by zip code to see programs in your area)*

How To Sign Up

1. Select your county below to find the Arizona Health Start representative in your area.
2. Email or call the representative and let him or her know you’re interested. He or she will help you determine if you’re eligible and give you more information about registering.

**Arizona Health Start**  
*For women who are pregnant or have a child under 2 years old*

If you are pregnant or a mother facing challenges, it’s important to know that someone can help you. Arizona Health Start is here to help. Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. We will get to know you and your family, so we can help you get the resources you need. We understand your culture, because we live in your community. We also understand what you’re going through, because we’ve helped families just like yours.

https://strongfamiliesaz.com/program/arizona-health-start/

**Early Head Start**  
*For families with children under 5 years old*

Head Start (for children 3-5) and Early Head Start (pregnant women and children 0-3) has a variety of program and service delivery options including Center Base, Home-Base, Combination (Home & Center) or Family Child Care. Each program incorporates
an individualized approach to high-quality services for low-income pregnant women and children age birth to five. Families receive support and guidance from Head Start staff to become self-sufficient.

https://strongfamiliesaz.com/program/early-head-start/

**Healthy Families Arizona**  
*For families with an infant under 3 months old*

Everyone who is having a baby can feel overwhelmed. It’s important to know that it’s ok to ask for help, especially if you’re experiencing a number of challenges. Healthy Families Arizona is a free program that helps mothers and fathers become the best parents they can be. A Home Visitor will get to know you, and connect you with services based on your specific situation.

To initiate services, please directly contact any of the service providers serving the area where you reside.

https://strongfamiliesaz.com/program/healthy-families-arizona/

**Nurse-Family Partnership**  
*For first-time mothers less than 28 weeks pregnant*

Children don’t come with an instructional guide. So it’s only normal that new mothers face challenges and doubt. In times like these, someone is here to help you. Nurse-Family Partnership is a community healthcare program that will connect you with a nurse home visitor. Through the visits, you will learn how you can best care for your child.

602-506-0610  
https://strongfamiliesaz.com/program/nurse-family-partnership/

**Parents As Teachers**  
*For families with a child on the way or under 5 years old*

Your children have so much potential. As a parent, you have a unique opportunity to be their first teacher. That’s because most brain development occurs in the first few years of life, and you can make a difference. Parents As Teachers will show you how. Our Home Visitors will provide you with resources appropriate for your child’s stage of development. Through Parents As Teachers, you’ll develop a stronger relationship with your child and help prepare them for academic success.

https://strongfamiliesaz.com/program/parents-as-teachers/
Family Spirit
For Native American families with children under 3 years old

The **Family Spirit Program** is a culturally tailored home-visiting intervention delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to achieve optimum development for their preschool age children across the domains of physical, cognitive, social-emotional, language learning, and self-help.

[https://strongfamiliesaz.com/program/family-spirit-home-visiting-program/](https://strongfamiliesaz.com/program/family-spirit-home-visiting-program/)

High Risk Perinatal/Newborn Intensive Care Program
For families with newborns who have been in intensive care

The High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) is a comprehensive, statewide system of services dedicated to reducing maternal and infant mortality. The program provides a safety net for Arizona families, to ensure the most appropriate level of care surrounding birth as well as early identification and support for the child’s developmental needs.


SafeCare
For families with a child under 5 years old

Let professional and highly trained home visitors support you and your family on your journey to success. Utilizing the nationally recognized SafeCare model, you will receive weekly visits that are divided into core focus areas: parent-child interaction, health and home safety. In each focus area or module, you will build on and strengthen your skills through a variety of interactive sessions.

[https://strongfamiliesaz.com/program/safecare/](https://strongfamiliesaz.com/program/safecare/)
Additional Resources for Home Visiting Programs

Parents Partners Plus
Partners with trusted, established nonprofit and advocacy organizations to help give your child his or her best possible chance at a happy, healthy future. If you have questions, concerns or needs as far as breastfeeding, fighting postpartum depression, child-rearing or otherwise transitioning into life as a parent, our representatives can connect you with critical resources.

Maricopa County Referral Resource
(602)633-0732
https://parentpartnersplus.com/

Birth to 5 Helpline
Free service available to all Arizona families with young children, as well as parents-to-be, with questions or concerns about their infants, toddlers and preschoolers. Call to speak with an early childhood specialist, on duty Monday through Friday from 8:00 a.m. to 8:00 p.m. You can also leave a voicemail or submit your question online anytime.

(877)705-KIDS
https://www.swhd.org/programs/health-and-development/birth-to-five-helpline/

Fussy Baby Program
The Fussy Baby program is a component of the Birth to Five Helpline and provides support for parents who are concerned about their baby’s temperament or behavior during the first year of life. Our clinicians will work with you to find more ways to soothe, care for, and enjoy your baby. We’ll also offer ways to reduce stress while supporting you in your important role as a parent.

Additional visit(s) to home if needed in Maricopa County only.
(877)705-KIDS
https://www.swhd.org/programs/health-and-development/birth-to-five-helpline/

First Things First
Partners with families and communities to help our state’s young children be ready for success in kindergarten and beyond.
(602)771-5100 or (877)803-7234
https://www.firstthingsfirst.org/
Southwest Human Development
Works with families from pregnancy through the first 5 years of life to become the best parent you can be.

(602)266-5976
https://www.swhd.org/programs/health-and-development/healthy-families/

Maricopa County Lead Safe Phoenix Partnership
Provides the following services to families enrolled in the Lead Safe Phoenix program:

**Home Visitation**
- Lead blood testing for children under 6 years of age
- Environmental assessment of the home to enhance the health and safety of the children in the home
- Education on the prevention of lead poisoning
- Screening and referral to community resources as needed

**Community Education and Outreach**
- Education regarding lead hazards and lead poisoning prevention to target populations (pregnant women, households with children under six) within Lead Safe Phoenix eligible zip codes
- Education to home visiting program staff working within the Lead Safe Phoenix target zip codes

(602)523-3162
https://www.maricopa.gov/1853/Lead-Poisoning-Prevention

WIC
Families now have the option to attend some of their WIC appointments from the comfort of their homes. During a WIC@Home appointment, you’ll join other parents or caregivers using a video-chat website to share tips on nutrition or breastfeeding. All you need is a smartphone, tablet or computer with a webcam to participate.

(602)506-9333
https://www.maricopa.gov/1491/Women-Infants-Children-WIC
HOME VISITING REFERRAL FORM

Please fax this form to: (602) 506-6322
Referral Line: (602) 359-7083                Date ________________

Agency Name __________________________ Contact name ___________  
Address ________________________________ Zip Code ________________
Phone Number ___________________ Fax Number ________________

The following pregnant woman would like to consider having a nurse home visitor.

Client Name ____________________________ Date of Birth ______________
Address ________________________________ Zip Code ________________
Home Phone ___________________________ Cell Phone __________________
Best time to call ______________ Language __________________________
E-mail ________________________________

Are you pregnant? Yes ☐ No ☐ Due date ______________
Are you a 1st time mother? Yes ☐ No ☐
If you have children, how old are they? __________________________

Release of Information Consent

Signature: ____________________________________________________________
Date: ___________________________ Time: ___________________________
By signing above, I agree to have an appropriate service organization contact me.
Results of the referral may be reported back to the referral source

“Funded in part by the Bureau of Women’s and Children’s Health as made available through the Arizona Department of Health Services, through the DHHS Maternal, Infant and Early Childhood Home Visiting Program”:

For Office Use only:

Nurse Assigned _________________________________________________
Referral Disposition ____________________________________________
HOME VISITING REFERRAL FORM (SP)

Please fax this form to: (602) 506-6322
Referral Line: (602) 359-7083 Date ________________

Agency Name ________________ Contact name ________________
Address ______________________ Zip Code ______________________
Phone Number ________________ Fax Number ______________________

La siguiente mujer embarazada le gustaría considerar que una enfermera visitante a domicilio.

Nombre ______________________ Fecha de Nacimiento________________
Domicilio ______________________ Código Postal____________________
Teléfono de casa _____________ Teléfono Celular __________________
Mejor hora para llamar ___________ Idioma ______________________
Correo electrónico __________________

Está embarazada? Sí ☐ No ☐ Fecha de parto ________________
Madre por primera vez? Sí ☐ No ☐
Si usted tiene hijos, cuantos años tienen? __________________________

Consentimiento de Liberación de Información

Firma: __________________________________________________________
Fecha: _____________________ Hora: ___________________________

Al firmar arriba, estoy de acuerdo en que una organización de servicio adecuado se contacte conmigo. Resultados de esta referencia pueden ser reportados a la fuente de referencia.

"Funded in part by the Bureau of Women’s and Children’s Health as made available through the Arizona Department of Health Services, through the DHHS Maternal, Infant and Early Childhood Home Visiting Program".

For Office Use Only

Nurse Assigned __________________________
Referral Disposition __________________________
PROGRAM REFERRAL

Referring Program: MCDPH Lead Safe Phoenix Website Date: __________

Lead Safe Phoenix offers the following services at no cost:
- Home or apartment tested for lead based paint
- Blood lead level test for children under six (6) years of age
- Home or apartment made lead-safe (repainting or replacing lead surfaces) by licensed contractors
- Minor health and safety issues in the home may be addressed (i.e. smoke detectors)
- Education and information about lead-safe practices

Eligibility Requirements for Lead Safe Phoenix
- Applicants must live in a home constructed prior to 1978 (single family or apartments less than 15 units).
- There must be a child under six (6) years old or a pregnant woman living in the home, or there must be a child under six (6) years old who visits a significant amount of time (at least three hours a day on two separate days a week and a total of 60 hours per year).
- The home must be in one of the zip codes identified as being at high-risk for lead poisoning:

<table>
<thead>
<tr>
<th>Lead Safe Phoenix Target Zip Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>85003</td>
</tr>
<tr>
<td>85016</td>
</tr>
<tr>
<td>85040</td>
</tr>
</tbody>
</table>

- The members of the household must meet federal low-income guidelines listed below.

<table>
<thead>
<tr>
<th>Number of Persons in Family (Phoenix, AZ)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-Income: 80% AMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Limit</td>
<td>$38,750</td>
<td>$44,250</td>
<td>$49,800</td>
<td>$55,300</td>
<td>$59,750</td>
<td>$64,150</td>
<td>$68,600</td>
<td>$73,000</td>
</tr>
</tbody>
</table>

- For rental properties, Lead Safe Phoenix will contact the landlord to discuss the program.
- In addition to required application and consent forms, applicants are required to submit photo identification and income verification for all adult members of the household.

*****************************************************************************

Client Name: ____________________________
(Print Clearly) (First) (Middle) (Last)

Address: ________________________________
(Print Clearly) (City) (State) (Zip Code)

Primary Phone: __________________________
[ ] Home [ ] Work [ ] Cell

Other Phone: ____________________________
[ ] Home [ ] Work [ ] Cell

Email: _________________________________

[ ] Own Home [ ] Rent Home [ ] Rent Apartment

Client Preferred Language: [ ] English [ ] Spanish [ ] Other: ________________

*****************************************************************************

Deliver or forward this completed form to Sharon.Gongora@maricopa.gov / Fax (602) 506-6896. Questions? Contact Sharon Gongora at (602) 525-3162.

Maricopa County Public Health

www.MercyCareAZ.org 176
VII. Resources and forms
If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes an important responsibility that could save your child’s life, or the life of someone else.

Any time that your child is ill and you:
- call 911;
- ride in an ambulance;
- visit a hospital emergency room; or
- visit your child’s doctor or any clinic
you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.

Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

Telling health care professionals your child’s vaccination status is essential for two reasons:
- When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur.
- The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

Before an outbreak of a vaccine-preventable disease occurs in your community:
- Talk to your child’s doctor or nurse to be sure your child’s medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
- Inform your child’s school, childcare facility, and other caregivers about your child’s vaccination status.
- Be aware that your child can catch diseases from people who don’t have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can’t tell who is contagious.

www.MercyCareAZ.org
Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say "Your child needs these shots today," and name all of the vaccines recommended for the child’s age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents’ questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

**CDC RESEARCH SHOWS:** The "HPV vaccine is cancer prevention" message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

**TRY SAYING:** HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That's why I'm recommending that your daughter/son receive the first dose of HPV vaccine today.

**CDC RESEARCH SHOWS:** Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

**TRY SAYING:** HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 26,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

**CDC RESEARCH SHOWS:** Parents want a concrete reason to understand the recommendation that 11–12 year olds receive HPV vaccine.

**TRY SAYING:** We're vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

**CDC RESEARCH SHOWS:** Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

**TRY SAYING:** Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

**CDC RESEARCH SHOWS:** Parents might believe their child won’t be exposed to HPV because they aren’t sexually active or may not be for a long time.

**TRY SAYING:** HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.

**CDC RESEARCH SHOWS:** Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision.

**TRY SAYING:** I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend's children. Experts (like the American Academy of Pediatrics, cancer doctors, and the CDC) also agree that this vaccine is very important for your child.

**CDC RESEARCH SHOWS:** Understanding that the side effects are minor and emphasizing the extensive research that vaccines must undergo can help parents feel reassured.

**TRY SAYING:** HPV vaccine has been carefully studied by medical and scientific experts. HPV vaccine has been shown to be very effective and very safe. Like other shots, most side effects are mild, primarily pain or redness in the arm. This should go away quickly, and HPV vaccine has not been associated with any long-term side effects. Since 2006, about 57 million doses of HPV vaccine have been distributed in the U.S., and in the years of HPV vaccine safety studies and monitoring, no serious safety concerns have been identified.

**CDC RESEARCH SHOWS:** Parents want to know that HPV vaccine is effective.

**TRY SAYING:** In clinical trials of boys and girls, the vaccine was shown to be extremely effective. In addition, studies in the U.S. and other countries that have introduced HPV vaccine have shown a significant reduction in infections caused by the HPV types targeted by the vaccine.

**CDC RESEARCH SHOWS:** Many parents do not know that the full vaccine series requires 3 shots. Your reminder will help them to complete the series.

**TRY SAYING:** I want to make sure that your son/daughter receives all 3 shots of HPV vaccine to give them the best possible protection from cancer caused by HPV. Please make sure to make appointments on the way out, and put those appointments on your calendar before you leave the office today!
Do My Children Need the HPV Vaccine?

By: Denise Olson, mother of four living in the East Valley

Like all good moms, I want my kids to grow up safe and healthy. I want to make decisions that will benefit them right now, but I also need to think about things that could help them in the future. I feel like it’s a big job and a lot is depending on me. That is why I wanted to learn about the HPV vaccine before my children were old enough to get it. I wanted to make an informed choice, and I had all kinds of questions! What is HPV, anyway? Could a vaccine actually protect my children from cancer? Why is the vaccine given at 11?

I hope that as I explain the answers I found to my questions I can get other parents thinking about their own children, and maybe convince a few to protect their children not only now but in the future.

What is HPV, anyway?
HPV stands for Human Papilloma Virus. Like many vaccines my children have already received, this vaccine provides protection against a virus by training a person’s immune system to recognize and destroy the virus when it enters the body. HPV lives on soft mucous membranes and skin. Usually, it can be found on the genitals of an infected person, but it can also infect the anus, mouth, and throat. HPV is spread by infected skin or membranes touching and not by bodily fluids. Some strains of HPV viruses cause genital warts, and others can cause tumors or cancers to grow. While there are many different types of HPV viruses, the latest HPV vaccine will protect against nine types, or strains, of the virus. These strains are the most common and/or cancer causing strains.

Can the HPV vaccine actually protect my child from cancer?
Yes! The HPV vaccine protects against cancer by training the body to find and destroy these viruses before they have a chance to cause the infections that lead to cancer. After a series of shots, a vaccinated person’s body will be able to recognize and destroy these viruses for many years, possibly an entire lifetime.

“I wanted to make an informed choice, and I had all kinds of questions.”

The primary cancer the HPV vaccine is designed to protect against is cervical cancer, the same cancer that is checked for when women go in for a Pap smear. However, because the vaccine stops dangerous HPV viruses anywhere in the body, it helps protect against some cancers of the penis, throat, mouth, and anus. This is one reason it is recommended for boys as well as for girls. (The other reason is to stop the transmitting of the virus to uninfected women.)
Why do we vaccinate instead of screen?
Some have argued that because we can screen for cervical cancer the vaccine is unnecessary. While many times it is possible to detect and treat cervical cancer, treatment is not without risks. Not only is there emotional and physical pain involved with treating cancer, but a woman’s cervix may be compromised during treatment and affect her ability to carry a child later in life. Also, many women fail to get regular Pap smears and may not detect cancer until it is too late.

Other types of cancers linked to the HPV virus (penile, throat, and anus) are not commonly screened for and may not be detected until they have caused a very serious problem. Screening is important and will continue to be important, but as they say “An ounce of prevention is worth a pound of cure.”

The recommendation is NOT given because doctors feel children will become sexually active at 11, nor is there any evidence that receiving it at eleven makes them any more likely to become sexually active. It is given at 11 to provide them the most protection possible as soon as possible. Those who are vaccinated early will still have protection for when they do eventually have sexual contact with someone - even if it is twenty years down the road.

Thank you for taking the time to consider the information I have gathered in answer to questions I personally had about the HPV vaccine. I hope that the information I’ve gathered can help you understand the risks of HPV and why there is a vaccine to protect against it. My daughter is only eight-years-old, but she will get her vaccine at 11, so she can be safe in the present as well as the future. When my sons are old enough, they will get the vaccine too.

Why is the vaccine given at age 11?
The HPV vaccine is given beginning at age 11 and followed up by two boosters before the age of 13. The shots are given at that time because this is when scientific studies have determined it will be most effective at producing strong antibodies against HPV. Another reason is that some (though certainly not all) teenagers may have had sexual contact of some kind and possibly contracted the infection by the time they are in their late teen years.

The HPV vaccine stops dangerous HPV viruses anywhere in your body.”
HPV Vaccine for Preteens and Teens

HPV vaccination is recommended at ages 11-12 to protect against cancers caused by HPV infection.

Why does my child need HPV vaccine?

Human papillomavirus (HPV) vaccine protects against cancers caused by HPV infection. HPV is a common virus that infects teens and adults. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, cancer of the back of the throat (copharynx), and genital warts in both men and women.

When should my child be vaccinated?

All kids who are 11 or 12 years old should get two shots of HPV vaccine six to twelve months apart. Getting vaccinated on time protects preteens long before ever being exposed to the virus. People get HPV from another person during intimate sexual contact.

Some children may need three doses of HPV vaccine. For example, adolescents who receive their two shots less than five months apart will need a third dose for best protection. Also, children who start the vaccine series on or after their 15th birthday need three shots given over 6 months. If your teen hasn’t gotten the vaccine yet, talk to his/her doctor about getting it as soon as possible.

The best way to remember to get your child all of the recommended doses is to make an appointment for the remaining shots before you leave the doctor's office or clinic.

Is HPV vaccine safe for my child?

HPV vaccination provides safe, effective, and long-lasting protection against cancers caused by HPV. HPV vaccine has a reassuring safety record that’s backed by 10 years of monitoring and research.

Like any vaccine or medicine, HPV vaccination can cause side effects. The most common side effects are mild and include pain, redness, or swelling in the arm where the shot was given; dizziness, fainting, nausea, and headache. Fainting after any vaccine, including HPV vaccine, is more common among adolescents.

To prevent fainting and injuries related to fainting, adolescents should be seated or lying down during vaccination and remain in that position for 15 minutes after the vaccine is given. The benefits of HPV vaccination far outweigh any potential risk of side effects.

It is important to tell the doctor or nurse if your child has any severe allergies, including an allergy to latex or yeast. HPV vaccine is not recommended for anyone who is pregnant.

How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are uninsured, Medicaid-eligible, American Indian or Alaska Native.

Learn more at www.cdc.gov/Features/VFCprogram

Where can I learn more?

Talk to your child’s doctor or nurse to learn more about HPV vaccine and the other vaccines that your child may need.

You can also find out more about HPV vaccine at www.cdc.gov/hpv

www.MercyCareAZ.org
Talking with Parents about Vaccines for Infants
Strategies for Health Care Professionals

Immunization professionals and parents agree: times have changed.

Because of questions or concerns about vaccines, well-child visits can be stressful for parents. As their infant’s health care provider, you remain parents’ most trusted source of information about vaccines. This is true even for parents with the most questions and concerns. Your personal relationship uniquely qualifies you to help support parents in understanding and choosing vaccinations.

However, time for infant health evaluation at each well visit is at a premium, as you check physical, cognitive, and other milestones and advise parents on what to expect in the coming months. Therefore, making time to talk about vaccines may be stressful for you. But when an infant is due to receive vaccines, nothing is more important than making the time to assess the parents’ information needs as well as the role they desire to play in making decisions for their child’s health, and then following up with communication that meets their needs.

When it comes to communication, you may find that similar information—be it science or anecdote or some mix of the two—works for most parents you see. But keep a watchful eye to be sure that you are connecting with each parent to maintain trust and keep lines of communication open.

We hope that these brief reminders—and the materials that you, your staff, and parents can find on our website—will help ensure your continued success in immunizing infants and children. Success may mean that all vaccines are accepted when you recommend them, or that some vaccines are scheduled for another day. If a parent refuses to vaccinate, success may simply mean keeping the door open for future discussions about choosing vaccination.

THIS RESOURCE COVERS:

- What you may hear from parents about their vaccine safety questions and how to effectively address them
- Proven communication strategies and tips for having a successful vaccine conversation with parents
- This brochure is part of a comprehensive set of educational materials for health care professionals and parents available at http://www.cdc.gov/vaccines/conversations

Nurses, physician assistants, and other office staff play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates: from providing parents with educational materials, to being available to answer their questions, to making sure that families who may opt for extra visits for vaccines make and keep vaccine appointments.
Vaccines for Preteens: What Parents Should Know

Last updated JANUARY 2017

Why does my child need vaccines now?

Vaccines aren’t just for babies. Some of the vaccines that babies get can wear off as kids get older. And as kids grow up they may come in contact with different diseases than when they were babies. There are vaccines that can help protect your preteen or teen from these other illnesses.

What vaccines does my child need?

**Tdap Vaccine**

This vaccine helps protect against three serious diseases: tetanus, diphtheria, and pertussis (whooping cough). Preteens should get Tdap at age 11 or 12. If your teen didn’t get a Tdap shot as a preteen, ask their doctor or nurse about getting the shot now.

**Meningococcal Vaccine**

Meningococcal conjugate vaccine protects against some of the bacteria that can cause meningitis (swelling of the lining around the brain and spinal cord) and septicemia (an infection in the blood). Preteens need the first meningococcal shot when they are 11 or 12 years old. They need a second meningococcal shot at age 16.

**HPV Vaccine**

Human papillomavirus (HPV) vaccines help protect both girls and boys from HPV infection and cancer caused by HPV. All 11- and 12-year-olds should receive two shots of HPV vaccine 6-12 months apart. Preteens and teens who haven’t started or finished the HPV vaccine series should ask the doctor or nurse about getting them now.

**Flu Vaccine**

The annual flu vaccine is the best way to reduce the chances of getting seasonal flu and spreading it to others. Even healthy preteens and teens can get very sick from the flu and spread it to others. While all preteens and teens should get a flu vaccine, it’s especially important for those with chronic health conditions such as asthma, diabetes, and heart disease to get vaccinated. The best time to get the flu vaccine is as soon as it’s available in your community, ideally by October. While it’s best to be vaccinated before flu begins causing illness in your community, flu vaccination can be beneficial as long as flu viruses are circulating, even in January or later.

When should my child be vaccinated?

A good time to get these vaccines is during a yearly health checkup. Your preteen or teen can also get these vaccines at a physical exam required for sports, school, or camp. It’s a good idea to ask the doctor or nurse every year if there are any vaccines that your child may need.

What else should I know about these vaccines?

These vaccines have all been studied very carefully and are safe. They can cause mild side effects, like soreness or redness in the part of the arm where the shot was given. Some preteens and teens might faint after getting a shot. Sitting or lying down when getting a shot and then for about 15 minutes after the shot, can help prevent fainting. Serious side effects are rare. It is very important to tell the doctor or nurse if your child has any serious allergies, including allergies to yeast, latex, or chicken eggs, before they receive any shots.

How can I get help paying for these vaccines?

The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are uninsured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.

Where can I learn more?

Talk to your child’s doctor or nurse about what vaccines they may need. You can also find more information about these vaccines on CDC’s Vaccines for Preteens and Teens website at www.cdc.gov/vaccines/teens.

www.MercyCareAZ.org
You may be hearing a lot about measles lately, and all of this news on TV, social media, Internet, newspapers and magazines may leave you wondering what you as a parent really need to know about this disease. CDC has put together a list of the most important facts about measles for parents like you.

**Measles can be serious.**

Some people think of measles as just a little rash and fever that clears up in a few days, but measles can cause serious health complications, especially in children younger than 5 years of age. There is no way to tell in advance the severity of the symptoms your child will experience.

- About 1 in 4 people in the U.S. who get measles will be hospitalized.
- 1 out of every 1,000 people with measles will develop brain swelling, which could lead to brain damage.
- 1 or 2 out of 1,000 people with measles will die, even with the best care.

Some of the more common measles symptoms include:

- Fever
- Rash
- Runny nose
- Red eyes

**Measles is very contagious.**

Measles spreads through the air when an infected person coughs or sneezes. It is so contagious that if one person has it, 9 out of 10 people around him or her will also become infected if they are not protected. Your child can get measles just by being in a room where a person with measles has been, even up to two hours after that person has left. An infected person can spread measles to others even before knowing he/she has the disease—from four days before developing the measles rash through four days afterward.

**Your child can still get measles in United States.**

Measles was declared eliminated from the U.S. in 2000 thanks to a highly effective vaccination program. Eliminated means that the disease is no longer constantly present in this country. However, measles is still common in many parts of the world, including some countries in Europe, Asia, the Pacific, and Africa. Worldwide, an estimated 20 million people get measles and 146,000 people, mostly children, die from the disease each year.

Even if your family does not travel internationally, you could come into contact with measles anywhere in your community. Every year, measles is brought into the United States by unvaccinated travelers (Americans or foreign visitors) who get measles while they are in other countries. Anyone who is not protected against measles is at risk.

**You have the power to protect your child against measles with a safe and effective vaccine.**

The best protection against measles is measles-mumps-rubella (MMR) vaccine. MMR vaccine provides long-lasting protection against all strains of measles. Your child needs two doses of MMR vaccine for best protection:

- The first dose at 12 through 15 months of age
- The second dose 4 through 6 years of age

If your family is traveling overseas, the vaccine recommendations are a little different:

- If your baby is 6 through 11 months old, he or she should receive 1 dose of MMR vaccine before leaving.
- If your child is 12 months of age or older, he or she will need 2 doses of MMR vaccine (separated by at least 28 days) before departure.
It’s Time to Take Control of Your Health

You’re taking control of so many new things in your life — getting behind the wheel, starting a new job, tackling algebra. There’s just one more thing.

These shots will provide you protection from 5 vaccine preventable diseases and HPV-related cancers. Learn more about taking control of your healthy future at:

WhyImmunize.org/TakeControl
T2X.me/TakeControl
Taking control of your health is THIS easy!

**GET 1**

**TDAP VACCINE**

Protects against pertussis, tetanus, and diphtheria
- Pertussis is sometimes called the “100 day cough” or Whooping Cough.
- It’s a nasty disease that’s super easy to spread & can be very harmful for babies and grandparents.
- Bonus with this shot — you get protection from tetanus, also called lockjaw, and diphtheria.

**GET 2**

**MENINGOCOCCAL**

Protects against meningitis
- Get your vaccine at 11 then get boosted at 16 as the best way to prevent meningitis.
- 1 in 7 teens that get bacterial meningitis will die — this illness is no joke.
- Close contact with others can increase your risk of meningitis - coughing, kissing or sneezing.

**GET 3**

**HPV VACCINES**

Protects against human papilloma virus
- In the USA each year, more than 17,000 women & 9,000 men are affected by HPV-related cancers.
- Getting the 3 HPV shots now means a future with one less thing to worry about.
- The HPV vaccine means you can prevent certain kinds of cancers in the future. Now that’s taking control!

Don’t forget to ask about the flu shot and other vaccines you might need to catch up.

Learn more about Taking Control of your healthy future at:

WhyImmunize.org/TakeControl
T2X.me/TakeControl

www.MercyCareAZ.org
They Still Need You to Help Protect Their Future

1 dose of Tdap, 2 doses of meningococcal & 3 doses of HPV protects your preteen from 5 vaccine preventable diseases & certain HPV-related cancers. Start the series at their 11 or 12 year old health checkup, but it’s never too late to catch-up and protect their future.

**Protects against pertussis, tetanus, and diphtheria**
- Pertussis is sometimes called the “100 day cough” or Whooping Cough.
- It's a serious disease that’s easily spread & can be very harmful for babies and grandparents.
- Tdap also provides protection from tetanus, also called lockjaw, and diphtheria.

**Protects against bacterial meningitis**
- Get your child vaccinated at age 11 then boosted at 16 as the best way to prevent meningitis.
- 1 in 7 teens that get bacterial meningitis will die — this illness is fast and serious.
- Close contact with others can increases risk of meningitis - coughing, kissing or sneezing and dorm living.

**Protects against human papilloma virus**
- In the USA each year, more than 17,000 women & 9,000 men are affected by HPV-related cancers.
- Getting your child vaccinated with 3 HPV shots now means a future with one less thing to worry about.
- The HPV vaccine means you can prevent certain kinds of cancers in your child's future.

**Are These Vaccines Safe?** Yes. All of these vaccines were studied in tens of thousands of people around the world. The most common side effects reported are mild. Always talk to your health care provider.

Learn more about protecting your child at: [WhyImmunize.org/ProtectMeWith3](http://WhyImmunize.org/ProtectMeWith3)
FACT 1  The HPV vaccines are safe.

Scientists from the CDC, the FDA, and other organizations in the US and around the world continue to monitor and report any adverse events and side effects related to HPV vaccines. Monitoring in 2009 revealed that most side effects related to HPV vaccines were mild and were similar to those seen with any other vaccine. Several studies from 2011-2015 looking at more than four million women and girls who were vaccinated show that there is no relationship between HPV vaccines and autoimmune disorders, blood clots, or other serious disorders.¹

TALKING POINT: More than 270 million doses of vaccine have been distributed worldwide, with more than 100 million doses in the US. Like with all vaccines, HPV vaccine safety is constantly monitored, and these studies continue to show that HPV vaccination is very safe. All medications and vaccines can have side effects. The most common side effects seen with HPV vaccination are mild and are very similar to the reactions from other vaccines.¹,²

FACT 2  HPV vaccination does NOT cause fertility issues.

There is no evidence that HPV vaccination causes fertility or reproductive problems. HPV vaccination can actually help protect fertility by preventing gynecological problems related to the treatment of cervical cancer. It's possible that the treatment of cervical cancer could leave a woman unable to have children. It's also possible that treatment for cervical pre-cancer could put a woman at risk for problems with her cervix, which could cause preterm delivery or other problems.³

TALKING POINT: There are no data to suggest that getting the HPV vaccine will have a negative effect on future fertility. In fact, getting vaccinated and protecting against cervical cancer can help ensure a woman's ability to get pregnant and have healthy babies.³
FACT 3  The HPV vaccine does NOT contain harmful ingredients.

HPV vaccines contain ingredients that have been proven to be safe. Like the hepatitis B and Tdap vaccines, HPV vaccines contain aluminum, which boosts the body’s immune response to the vaccine. In addition to certain vaccines, aluminum is found in breast milk, infant formula, antacids, and numerous foods and beverages, including fruits and vegetables, seasonings, flour, cereals, nuts, dairy products, and honey. Typical adults ingest 7 to 9 milligrams of aluminum per day, whereas the HPV vaccines contain no more than .5 milligrams of aluminum per dose. These vaccines, like other vaccines for children and adolescents, do not contain thimerosal (a preservative that contains mercury).

TALKING POINT: People are exposed to aluminum every day through food and cooking utensils. Aluminum-containing vaccines have been used for decades and have been given to more than 1 billion people without problems. In spring 2000, the National Vaccine Program Office reviewed aluminum exposure through vaccines and determined that no changes to vaccine recommendations were needed based on aluminum content. The Global Advisory Committee on Vaccine Safety, part of the World Health Organization, has also reviewed studies and found no evidence of health risks that would require changes to vaccine policy.

FACT 4  The HPV vaccine is necessary, regardless of sexual activity.

Vaccines are for prevention, not treatment, so they only work if given before coming in contact with a virus. Research shows that cancer protection decreases as age at vaccination increases.

Studies have shown that HPV vaccination is not associated with changes in sexual behavior. Age of onset of sexual activity, incidence of STIs, and rates of pregnancy have all been shown to be similar in vaccinated girls compared to unvaccinated girls.

TALKING POINT: People are vaccinated well before they’re exposed to an infection – just like measles or pneumonia. Similarly, they should be vaccinated before they are exposed to HPV. Vaccinating children at age 11 or 12 offers the most HPV cancer prevention.

HPV is so common that almost everyone will be exposed at some point in their lives. So even if your child delays sexual activity until marriage, or only has one partner in the future, they could still be exposed if their partner has been exposed.

Studies have shown there’s no correlation between receiving the HPV vaccine and increased rates of, or earlier engagement in, sexual activity.
FACT 5  The HPV vaccine is for boys and girls.

Both males and females can get HPV. It’s very common; scientists estimate that between 80-90% of people will be infected with at least one type of HPV in their lifetime.\(^{11}\)

Although cervical cancer is the most well-known type of cancer caused by HPV, persistent infection can cause several other types of cancer, including cancers of the base of the tongue and tonsils. These cancers are now the most common HPV cancers and affect more men than women.\(^ {12}\) HPV can also cause penile and anal cancers in men. HPV vaccination helps prevent infection with the types of HPV that cause most HPV cancers in men.\(^ {3}\)

TALKING POINT: HPV vaccination is strongly recommended for boys and girls. Vaccination helps protect boys from getting infected with the most common types of HPV that can cause cancers of the throat, penis, and anus.\(^ {3}\)

FACT 6  The HPV vaccine is effective and helps prevent cancer.

In studies that led to the approval of HPV vaccines, the vaccines provided nearly 100% protection against persistent cervical infections with HPV types 16 and 18, plus the pre-cancers that those persistent infections can cause. In addition, a clinical trial of HPV vaccines in men indicated that they can prevent anal pre-cancers caused by persistent infection.\(^ {10}\)

HPV cancers can take decades to develop, and the vaccines have not been in use long enough to produce studies comparing cancer rates. Advanced pre-cancers are universally accepted markers for cancers.

TALKING POINT: The vaccine has been proven, through numerous studies, to prevent the infections that can cause multiple HPV cancers.

In addition, population studies in the US and other countries that have introduced the HPV vaccine have shown a significant reduction in abnormal Pap test results\(^ {13,14}\) and genital warts.\(^ {15,16}\)
FACT 7  An effective recommendation from a clinician matters.

An effective clinician recommendation – recommending the HPV vaccine in the same way and on the same day as other adolescent vaccines – is the number one reason parents choose to vaccinate their children. Recent studies show that a patient who receives a recommendation from a provider is four to five times more likely to receive the HPV vaccine. Studies have also shown that parents value the HPV vaccine equally with other adolescent vaccines. In addition, parents want to prevent cancer in their children.

TALKING POINT: Try this effective recommendation: Your child needs three vaccines today to protect against meningitis, HPV cancers, and pertussis.

FACT 8  The effectiveness of the HPV vaccine does not decrease over time.

Ongoing studies have found that those who received the HPV vaccine continue to have antibodies to the virus, providing long-term protection against infections and pre-cancers. There is no indication that they will decrease over time. Studies will continue to monitor the duration of protection.

TALKING POINT: Studies continue to monitor how long the vaccine protects against HPV infections and cancer. Protection has been shown to last more than 10 years with no signs of the protection weakening.
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HPV VACs
Vaccinate Adolescents against Cancers


cancer.org | 1.800.227.2345

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www.MercyCareAZ.org
Clinician FAQ: CDC Recommendations for HPV Vaccine 2-Dose Schedules

After the October 2016 ACIP meeting, CDC now recommends that 11 or 12 year olds receive 2 doses of HPV vaccine instead of 3. Parents may have questions about this change. This resource helps explain the reasons for changing the HPV vaccine recommendation, and provides tips for talking with the parents of your patients about the change.

What has changed in the new HPV vaccine recommendations?
In October 2016, CDC updated HPV vaccination recommendations regarding dosing schedules. CDC now recommends 2 doses of HPV vaccine for people starting the vaccination series before the 15th birthday. Three doses of HPV vaccine are recommended for people starting the vaccination series on or after the 15th birthday and for people with certain immunocompromising conditions.

CDC continues to recommend routine vaccination for girls and boys at age 11 or 12 years. The vaccination series can be started at age 9 years. CDC also recommends vaccination through age 26 years for females and through age 21 years for males. Males age 22–26 years may be vaccinated.

What is the recommended 2-dose HPV vaccination schedule?
For girls and boys starting the vaccination series before the 15th birthday, the recommended schedule is 2 doses of HPV vaccine. The second dose should be given 6–12 months after the first dose (0, 6–12 month schedule).

Answering parents’ questions: We now recommend 2 doses of HPV vaccine for your son or daughter, instead of 3, if your child starts the series before their 15th birthday. I still recommend your child start the vaccination series by age 11 or 12 years for best protection against HPV. He or she will need a second dose 6-12 months after the first dose.

Who should still receive a 3-dose schedule?
CDC continues to recommend a 3-dose schedule for persons starting the HPV vaccination series on or after the 15th birthday, and for persons with certain immunocompromising conditions. The second dose should be given 1–2 months after the first dose, and the third dose should be given 6 months after the first dose (0, 1–2, 6 month schedule).

Answering parents’ questions: If your child starts the series after his or her 15th birthday or has certain health problems that weaken his or her immune system, he or she will still need the 3-dose series. We will give the second dose 1–2 months after the first, and the last dose 6 months after the first dose.

Why did CDC make the recommendation change to a 2-dose schedule?
Over the past year, CDC and the Advisory Committee on Immunization Practices (ACIP) have been reviewing data on 2-dose schedules, including results from studies of HPV vaccines that compared the antibody responses after 2 doses and 3 doses. These studies showed that the antibody response after 2 doses given at least 6 months apart to 9–14 year-olds was as good or better than the antibody response after 3 doses given to older adolescents and young adults, the age group in which efficacy was demonstrated in clinical trials.

Answering parents’ questions: CDC and ACIP (a group of experts that make vaccine recommendations) have been reviewing data on 2-dose HPV vaccination schedules for several months. The evidence showed that 2 doses of HPV vaccine given at least 6 months apart in younger adolescents were as good or better than 3 doses. These updated recommendations are an example of using the latest available evidence to provide your child with the best possible protection against serious diseases.

Answering parents’ questions: Since your child received his/her first dose of the HPV vaccine before he/she was 15 years old, we’ll only need to give 1 more dose.
Why is the 2-dose schedule change recommended only for girls and boys age 9–14 years?

ACIP makes recommendations based on the best available scientific evidence. Immunogenicity studies have shown that 2 doses of HPV vaccine given to 9–14 year-olds at least 6 months apart were as good, or better, than 3 doses given to older adolescents and young adults. Studies have not been done to show this in adolescents age 15 years or older.

Answering parents’ questions: The data we currently have from scientific studies (clinical trials) showed that 2 doses of HPV vaccine given at least 6 months apart were as good or better than 3 doses in children 9–14 years of age. Older adolescents haven’t been studied in the same way, so we don’t have information available for that age group. For that reason, the recommendation for number of doses has not been changed for older adolescents.

What is the recommendation for persons with immunocompromising conditions?

CDC recommends 3 doses of HPV vaccine (0, 1–2, 6 months) for immunocompromised people age 9 through 26 years. People whose immune responses might be lower, for example due to HIV infection, cancer, autoimmune disease, or taking immunosuppressant medications, should receive 3 doses to make sure they get the most benefit. However, children with asthma, diabetes, and other conditions that would not suppress immune response to HPV vaccination can receive a 2-dose schedule.

Answering parents’ questions: Even though CDC has recommended just 2 doses of HPV for kids under 15 years, we’ll need to give your child 3 doses because he/she has a health problem that weakens his or her immune system.

If a HPV vaccine series was started with quadrivalent HPV vaccine or bivalent HPV vaccine and will be completed with 9-valent HPV vaccine, what are the intervals for the remaining doses in a 3-dose or 2-dose series?

If the first dose of any vaccine was given before the 15th birthday, vaccination should be completed according to a 2-dose schedule. In a 2-dose series, the second dose is recommended 6–12 months after the first dose (0, 6–12 month schedule).

If the first dose of any vaccine was given on or after the 15th birthday, vaccination should be completed according to a 3-dose schedule. In a 3-dose series, the second dose is recommended 1–2 months after the first dose, and the third dose is recommended 6 months after the first dose (0, 1–2, 6 month schedule)

If a vaccination schedule is interrupted, vaccine doses do not need to be repeated.

If a girl or boy received 2 doses of HPV vaccine less than 5 months apart, do they need a third HPV vaccine dose?

Yes. In a 2-dose schedule of HPV vaccine, the recommended interval is 6–12 months, and the minimum interval is 5 months between the first and second dose. If the second dose is given earlier than 5 months, a third dose should be administered.

Answering parents’ questions: The recommended schedule is 2 doses given 6 to 12 months apart. The minimum amount of time between those doses is 5 months. Because your child received 2 doses less than 5 months apart, we’ll need to give your child a third dose.

If someone is age 15 years or older and started the vaccination series at age 11 but only received 1 dose, how many more doses do they need?

This person needs 1 more dose to complete a 2-dose series, which is recommended because the vaccination was started before turning 15 years old. In a 2-dose series, the second dose is recommended 6–12 months after the first dose. In this case, the first dose was given several years ago, so the second dose can be given right away.

Is the 9-valent HPV vaccine approved by FDA for use as a 2-dose schedule?

Yes, in October 2016, FDA approved a 2-dose schedule (0, 6–12 months) of 9-valent HPV vaccine for use in girls and boys age 9–14 years in the United States.

What HPV vaccines are currently available in the United States?

Three HPV vaccines are licensed for use in the United States: 9-valent HPV vaccine, quadrivalent HPV vaccine, and bivalent HPV vaccine. However, after the end of 2016, only 9-valent HPV vaccine will be sold in the United States.
**No cost immunization/vaccination clinics**

Sometimes you may not be able to get your child in to see their PCP for vaccinations. You can go to the following clinics for your child’s vaccinations. (Listed by county name)

**APACHE:**

**North Country HealthCare - Round Valley Clinic**
928-333-0127  
http://www.northcountryhealthcare.org

**North Country HealthCare - Saint Johns Clinic**
928-337-3705  
http://www.northcountryhealthcare.org

**Saint Johns Immunization Clinic**
928-333-2415 x6509  
http://www.co.apache.az.us/Departments/HealthDepartment/ClinicalServices/Im

**Springerville Immunization Clinic**
928-333-2415 x6509  
http://www.co.apache.az.us/Departments/HealthDepartment/ClinicalServices/Im

**COCHISE:**

**Chiricahua Mobile Medical Clinic**
520-459-3011  
http://www.cchci.org

**Chiricahua Pediatric Center of Excellence**
520-364-5437  
http://www.cchci.org

**COCONINO:**

**Coconino County Immunization Clinic**
928-679-7222  
http://www.coconino.az.gov/health

**Lake Powel Medical Center**
928-645-8123  
http://www.canyonlandschc.org
NACA Family Health & Wellness Center
928-773-1245
http://www.nacainc.org

North Country HealthCare - Flagstaff Clinic 4th St
928-522-9400
http://www.northcountryhealthcare.org

North Country HealthCare - Flagstaff Clinic University Ave
928-522-1300
http://www.northcountryhealthcare.org

North Country HealthCare - Grand Canyon Clinic
928-638-2551
http://www.northcountryhealthcare.org

North Country HealthCare - Williams Clinic
928-635-4441
http://www.northcountryhealthcare.org

GILA:
Canyonlands Healthcare – Globe
928-402-0491
http://www.canyonlandschc.org

Gila County Public Health Services Division – Globe
928-425-3189 x8811
http://www.gilacountyaz.gov/government/health_and_emergency_services/heal

Gila County Public Health Services Division – Payson
928-474-1210
http://www.gilacountyaz.gov/government/health_and_emergency_services/heal

North Country HealthCare - Payson Clinic
928-468-8610
http://www.northcountryhealthcare.org

GRAHAM:
Canyonlands Healthcare – Safford
928-428-1500
http://www.canyonlandschc.org
Graham County Health Department Public Health Services  
928-428-1962  
http://www.graham.az.gov/254/health

GREENLEE:

Canyonlands Healthcare – Clifton  
928-865-2500  
http://www.canyonlandschc.org

Canyonlands Healthcare – Duncan  
928-359-1380  
http://www.canyonlandschc.org

Greenlee County Public Health and Community Nursing – Clifton  
928-865-2601  
http://www.co.greenlee.az.us

Greenlee County Public Health and Community Nursing – Duncan  
928-359-2866  
http://www.co.greenlee.az.us

LA PAZ:

La Paz County Health Department  
928-669-1100  
http://www.lpchd.com

MARICOPA:

Chandler Regional Medical Center Community Wellness Immunization Clinic  
480-728-2004  
http://www.dignityhealth.org/arizona/locations/chandlerregional/about-us/immunization-clinics

Mesa Immunization Clinic  
602-506-2660  
http://www.maricopa.gov/3849/public-health

NHW Community Health Center  
602-279-5351  
http://nativehealthphoenix.org
Roosevelt Immunization Clinic
602-506-8815
http://www.maricopa.gov/3849/public-health

West Immunization Clinic
623-474-2290
http://www.maricopa.gov/3849/public-health

MOHAVE:

Canyonlands Healthcare - Beaver Dam
928-347-5971
http://www.canyonlandschc.org

North Country HealthCare - Bullhead City Clinic
928-704-1221
http://www.northcountryhealthcare.org

North Country HealthCare - Kingman Clinic
928-753-1177
http://www.northcountryhealthcare.org

North Country HealthCare - Lake Havasu City Clinic
928-854-1800
http://www.northcountryhealthcare.org

NAVAJO:

Canyonlands Healthcare – Chilchinbeto
928-697-8154
http://www.canyonlandschc.org

Holbrook Immunization Clinic
928-524-4750
http://www.navajocountyaz.gov/departments/public-health-services

North Country HealthCare - Holbrook Clinic
928-524-2851
http://www.northcountryhealthcare.org

North Country HealthCare - Show Low Clinic
928-537-4300
http://www.northcountryhealthcare.org

www.MercyCareAZ.org
North Country HealthCare - Winslow Clinic
928-289-2000
http://www.northcountryhealthcare.org

Show Low Immunization Clinic
928-532-6050
http://www.navajocountyaz.gov/Departments/Public-Health-Services

Taylor/Snowflake Immunization Clinic
928-532-6050
http://www.navajocountyaz.gov/departments/public-health-services

PIMA:

Continental Family Medical Center
520-407-5900
http://www.uchcaz.org

Continental Pediatrics Clinic
520-407-5900
http://www.uchcaz.org

Desert Senita Community Health Center-Ajo
520-387-2254
http://www.desertsenita.org

El Rio Free Immunization Clinic
520-670-3909
http://www.elrio.org

La Canada Pediatrics Clinic
520-407-5800
http://www.uchcaz.org

Pima County Health Department Clinic-Tucson East
520-724-9650
http://www.webcms.pima.gov/health

Pima County Health Department Clinic-Tucson North
520-724-2880
http://www.webcms.pima.gov/health

UA Mobile Health Program
520-349-6594
http://www.fcm.arizona.edu/outreach/mobile-health-program
United Community Health Center Arivaca Clinic
520-407-5500
http://www.uchcaz.org

United Community Health Center at Green Valley Hospital Clinic
520-407-5910
http://www.uchcaz.org

United Community Health Center at Old Vail Middle School
520-762-5200
http://www.uchcaz.org

United Community Health Center at Sahuarita Heights
520-576-5770
http://www.uchcaz.org

United Community Health Center at Three Points Clinic
520-407-5700
http://www.uchcaz.org

PINAL:

Apache Junction Clinic
866-960-0633
http://www.pinalcountyaz.gov

Casa Grande Clinic
866-960-0633
http://www.pinalcountyaz.gov

Desert Senita Community Health Center-Arizona City
520-466-5774
http://www.desertsenita.org

Eloy Clinic
866-960-0633
http://www.pinalcountyaz.gov

Kearny Clinic
866-960-0633
http://www.pinalcountyaz.gov
Mammoth Clinic
866-960-0633
http://www.pinalcountyaz.gov

Maricopa Clinic
866-960-0633
http://www.pinalcountyaz.gov

SANTA CRUZ:

Mariposa Community Health Center – Nogales
520-281-1550
http://www.mariposachc.net

United Community Health Center Amado Clinic
520-407-5510
http://www.uchcaz.org

YAVAPAI:

North Country HealthCare - Ash Fork Clinic
928-637-2305
http://www.northcountryhealthcare.org

North Country HealthCare - Seligman Clinic
928-422-4017
http://www.northcountryhealthcare.org

Yavapai County Community Health Services Community Health Center – Cottonwood
928-639-8132
http://www.chcy.info

Yavapai County Community Health Services Community Health Center - Prescott
928-583-1000
http://www.chcy.info

Yavapai County Community Health Services Community Health Center - Prescott Valley
928-583-1000
http://www.chcy.info
YUMA:

Horizon Health and Wellness Primary Care – Yuma
928-783-3986
http://www.hhwaz.org

San Luis Walk-In Clinic - San Luis Center
928-722-6112
http://www.slwic.org

San Luis Walk-In Clinic - Somerton Center
928-236-8001
http://www.slwic.org

Yuma County Public Health Nursing Division
928-317-4540
http://www.yumacountyaz.gov
Many universities* require proof of immunity prior to college entrance.

Typical requirements or recommendations:

Measles, Mumps, and Rubella (either by receiving two doses of MMR vaccine or showing immunity by a blood test)

Meningitis A, C, W, Y
At least 1 dose at 16 years or older

Meningitis B
Two or three doses (by manufacturer)

HPV (human papillomavirus)
Two or Three doses (based on age received)

Tdap (Tetanus, Diphtheria, & Pertussis)
One dose

Varicella or MMR-V (chicken pox)
Two doses

IPV (Polio)
At least 3 doses

Hepatitis B
Three doses

Hepatitis A
Two doses

Influenza (flu)
One dose every fall

*Please consult each college, university, or institution for specific vaccination requirements and information.

Students living in dormitories or residence halls are at higher risk of contracting meningitis.

Influenza (flu)
One dose every fall

High school students at all grade levels need to know that every student going to American colleges and universities should receive all indicated doses of all vaccines recommended by the Centers for Disease Control and Prevention (CDC).

Check with your health care provider to make sure that you are up-to-date on all the needed vaccines. Many of these vaccines you should have received as part of your scheduled childhood vaccinations.

Once you have turned 16 years old, it is important to be sure that you are up-to-date on all vaccinations against the various strains of bacteria that cause meningitis.

One of these is the meningococcal conjugate vaccine, protecting against four different meningitis strains (A, C, W, Y). More recently approved is the vaccine that protects against meningitis B. College students are encouraged to be vaccinated with both types of meningitis vaccines.

What you should know about meningitis:

- Meningococcal disease is a serious illness caused by a bacteria that can infect the bloodstream or areas around the brain and spinal cord.

- The infection causes rapid onset of illness and can be life-threatening within hours.

- Meningitis can lead to brain damage, disability, amputations, and rapid death.

- Common symptoms include stiff neck, headache, fever, rash and flu-like symptoms that progress very rapidly.

- Vaccines can help prevent meningitis.

www.MercyCareAZ.org
E-CIGARETTES SHAPED LIKE USB FLASH DRIVES:
INFORMATION FOR PARENTS, EDUCATORS,
AND HEALTH CARE PROVIDERS

Electronic cigarettes (e-cigarettes) are battery-powered devices that can deliver nicotine and flavorings to the user in the form of an aerosol. E-cigarettes come in many shapes and sizes.

WHAT’S THE BOTTOM LINE?

A new e-cigarette shaped like a USB flash drive is being used by students in schools.

The use of any tobacco product — including e-cigarettes—is unsafe for young people.

Nicotine is highly addictive and can harm brain development, which continues until about age 25.

Parents, educators, & health care providers can help prevent and reduce the use of all tobacco products, including e-cigarettes, by young people.

>> Learn HOW in this fact sheet.
AN INCREASINGLY POPULAR E-CIGARETTE DEVICE, CALLED JUUL, IS SHAPED LIKE A USB FLASH DRIVE.

Use of JUUL is sometimes called “JUULing.”

JUUL’s nicotine liquid refills are called “pods.” JUUL is available in several flavors such as Cool Cucumber, Fruit Medley, Mango, and Mint.

All JUUL e-cigarettes have a high level of nicotine. According to the manufacturer, a single JUUL pod contains as much nicotine as a pack of 20 regular cigarettes.

JUUL became available for sale in the United States in 2015. As of December 2017, JUUL is the top-selling e-cigarette brand in the United States.

News outlets and social media sites report widespread use of JUUL by students in schools, including in classrooms and bathrooms.

Other devices are becoming available that look like USB flash drives. Examples include the MarkTen Elite, a nicotine delivery device, and the PAX Era, a marijuana delivery device that looks like JUUL.
E-cigarette use is not safe for young people. E-cigarette aerosol is not harmless. It can contain harmful ingredients. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products, like regular cigarettes.

Most e-cigarettes contain nicotine, which is highly addictive and can harm brain development, which continues until about age 25. Young people who use e-cigarettes may be more likely to go on to use regular cigarettes.
PARENTS, EDUCATORS, AND HEALTH CARE PROVIDERS CAN HELP PREVENT AND REDUCE THE USE OF E-CIGARETTES BY YOUNG PEOPLE.

PARENTS CAN:
» Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people.
» Talk to their children about the risks of e-cigarette use among young people. Express firm expectations that their children remain tobacco-free.
» Set a positive example by being tobacco-free.

EDUCATORS CAN:
» Learn about the different shapes and types of e-cigarettes and the risks of all forms of e-cigarette use for young people.
» Develop, implement, and enforce tobacco-free school policies.
» Reject youth tobacco prevention programs sponsored by the tobacco industry. These programs have been found to be ineffective for preventing youth tobacco use.

PEDIATRIC HEALTH CARE PROVIDERS CAN:
» Ask about e-cigarettes, including devices shaped like USB flash drives, when screening patients for the use of any tobacco products.
» Warn patients about the risks of all forms of tobacco product use, including e-cigarettes, for young people.

www.MercyCareAZ.org
OFF TO COLLEGE? BE READY!

College To-Do List

- Take SAT/ACT and double check locations
- Email college applications
- Fill Out FAFSA
- Apply for scholarships
- Get Vaccinations & schedule boosters
  - Check university requirements and take to the doctor when I go for the shots - make appointment for any boosters before graduation
- Senior pictures
- Order Cap & Gown, & Announcements
- Mail acceptance & dorm deposit
- Send out announcements and buy stamps
- Make sure all vaccinations are complete!

GRADUATE!!!!!!

Visit WhyImmunize.org for more information.
What is teen dating violence?

Teen dating violence (TDV) is a type of intimate partner violence. It occurs between two people in a close relationship.

TDV includes four types of behavior:

- **Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.
- **Sexual violence** is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.
- **Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or exert control over another person.
- **Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one’s own safety or the safety of someone close to the victim.

Dating violence can take place in person or electronically, such as repeated texting or posting sexual pictures of a partner online without consent. Unhealthy relationships can start early and last a lifetime. Teens often think some behaviors, like teasing and name-calling, are a “normal” part of a relationship—but these behaviors can become abusive and develop into serious forms of violence. However, many teens do not report unhealthy behaviors because they are afraid to tell family and friends.

How big is the problem?

TDV is common. It affects millions of teens in the U.S. each year. Data from CDC’s Youth Risk Behavior Survey and the National Intimate Partner and Sexual Violence Survey indicate that:

- Nearly 1 in 11 female teens and about 1 in 15 male high school students report having experienced physical dating violence in the last year.2
- About 1 in 9 female and 1 in 36 male high school students report having experienced sexual dating violence in the last year.2
- 26% of women and 15% of men who were victims of contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime first experienced these or other forms of violence by that partner before age 18.3
- The burden of TDV is not shared equally across all groups—sexual minority groups are disproportionately affected by all forms of violence, and some racial/ethnic minority groups are disproportionately affected by many types of violence.

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2019

Preventing Teen Dating Violence

National Center for Injury Prevention and Control
Division of Violence Prevention

www.MercyCareAZ.org
What are the consequences?

Unhealthy, abusive, or violent relationships can have severe consequences and short- and long-term negative effects on a developing teen. For instance, youth who are victims of TDV are more likely to:

- Experience symptoms of depression and anxiety
- Engage in unhealthy behaviors, like using tobacco, drugs, and alcohol
- Exhibit antisocial behaviors, like lying, theft, bullying or hitting
- Think about suicide

Violence in an adolescent relationship sets the stage for problems in future relationships, including intimate partner violence and sexual violence perpetration and/or victimization throughout life. For instance, youth who are victims of dating violence in high school are at higher risk for victimization during college.

How can we stop teen dating violence before it starts?

Supporting the development of healthy, respectful, and nonviolent relationships has the potential to reduce the occurrence of TDV and prevent its harmful and long-lasting effects on individuals, their families, and the communities where they live. During the pre-teen and teen years, it is critical for youth to begin to learn the skills needed—such as effectively managing feelings and using healthy communication—to create and foster healthy relationships.

CDC developed Dating Matters®: Strategies to Promote Healthy Teen Relationships to stop teen dating violence before it starts. It focuses on 11-14 year olds and includes multiple prevention components for individuals, peers, families, schools, and neighborhoods. All of the components work together to reinforce healthy relationship messages and reduce behaviors that increase the risk of dating violence. Please visit the Dating Matters website to learn more! www.cdc.gov/violenceprevention/datingmatters

CDC also developed a technical package that describes a variety of strategies and approaches that are based on the best available evidence for preventing intimate partner violence (IPV), including TDV. Consistent with CDC’s emphasis on primary prevention, the package includes multiple strategies that can be used in combination to stop IPV/TDV before it starts.

References

Procedures for the coordination of early intervention and EPSDT services from AzEIP and AHCCCS

Requirements for children referred to AzEIP with special health care needs

- Based on AzEIP’s evaluation, The Mercy Care AzEIP Coordinator will initiate coordination of medically necessary EPSDT covered services with the member’s PCP.
- The Mercy Care AzEIP Coordinator will fax to the member’s PCP:
  - Referral Form (see attached) and
  - All other documentation
- The PCP will review all AzEIP documentation and determine which services are medically necessary.
- Within 5 working days from the date of receiving the AzEIP referral, the PCP will fax required documentation to the EPSDT Coordinator.
- If the PCP needs to see the child before determining the child’s need for services, the appointment will be scheduled as a routine appointment.
- If needed, the PCP can request an extension of 14 working days and the PCP will return the referral request form and will indicate the status by noting that an appointment has been scheduled, as well as the appointment date.
- Documentation required from the PCP:
  - AzEIP Referral form including signature, date, and check mark indicating if services requested are medically necessary.

Questions about AzEIP?
Call **602-532-9960** or **1-888-439-5609**, or log on to: [www.de.state.az.us/azeip](http://www.de.state.az.us/azeip).
AzEIP and AHCCCS procedures for the coordination of early intervention and EPSDT services

Requirements if developmental concerns are identified by the PCP

- During the EPSDT visit, the PCP will determine the child’s developmental status through discussion with the parents/guardian and developmental screening. If the PCP identifies potential developmental delays, PCP requests an evaluation and possibly service authorization from Mercy Care.

- When the PCP identifies potential developmental delays, the PCP will request an evaluation by a specialist in the field that the delay was noted. If after the evaluation is completed, it is determined that the service is medically necessary, the PCP will submit a prior authorization request to Mercy Care.

- Once the EPSDT form has been received, the Mercy Care AzEIP coordinator will review the member’s record to determine if an evaluation by a specialist has been completed. If there are no claims to indicate that this evaluation has been done, the AzEIP coordinator will contact the PCP to determine whether or not the PCP referred the member to a specialist for evaluation.

- Once the member has been evaluated by the specialist, and the PCP has determined that a service is medically necessary, the PCP will refer the member to AzEIP for support and education via the online AzEIP portal: https://www.azdes.gov/main.aspx?menu=98&id=3026, and will submit a prior authorization request (PA) to Mercy Care.

- If services are approved:
  - The necessary process will be followed to ensure that members received medically necessary treatment in a timely manner to promote optimum child health and development.

- If services are denied:
  - Mercy Care AzEIP coordinator will notify the corresponded parties’ within 2 business days of receipt of the PA’s determination.

- A Notice of Action (NOA) will be sent to the PCP, member’s parent/guardian notifying them that the service is denied.

Questions about AzEIP?
FACSIMILE COMMUNICATION

TO: Referral Department
COMPANY: Provider
FAX NO: Fax Number
FROM: EPSDT Coordinator
DATE: MM/DD/YYYY

Reference: Arizona Early Intervention Program (AzEIP) Referral

Please process the following time-sensitive request for AzEIP services. If the member is not a patient at your location, contact me at 602-798-2582. Thank you for your assistance in this urgent matter!

We are sending 4 pages, including this cover sheet. If you do not receive complete pages or legible copy, please call the sender immediately. If you have trouble receiving this document, please call 602-798-2582.

The information contained in this facsimile is private. It may also be legally privileged and/or confidential information of Mercy Care or a third party authorized only for the use of the intended recipient. If you are not the intended recipient, please return the original message and notify the sender immediately.
Dear Mercy Care Provider,

Arizona Early Intervention Program (AzEIP) is requesting EPSDT covered services for the above member. Based upon your review of the enclosed AzEIP documentation, please determine if the requested services identified on the attached Referral Form are medically necessary. It may be necessary to schedule a routine appointment with the child before determining the child’s need for services.

Mercy Care is requesting that you or your staff:

- Complete the Referral Form provided
- Sign the bottom of the referral form if you agree that the services requested are medically necessary.
- Fax the Referral Form to my attention at 860-754-1732 by MM/DD/YYYY (due date).

Should you have any questions do not hesitate to contact me at 602-798-2582.

Thank you,

AzEIP Coordinator

The information contained in this facsimile is private. It may also be legally privileged and/or confidential information of Mercy Care or a third party authorized only for the use of the intended recipient. If you are not the intended recipient, please return the original message and notify the sender immediately.
Referral Form
EPSDT Covered Medically Necessary Services

Date Submitted to PCP: MM/DD/YYYY

Request: AzEIP Referral

Member Name: ________________________________
AHCCCS ID: ________________________________
DOB: ________________________________

Listed below are services requested by AzEIP. Based upon your review of the enclosed documentation, determine which services are medically necessary. Please complete this Referral Form and fax to AzEIP Coordinator, 860-754-1732, by MM/DD/YYYY (due date).

<table>
<thead>
<tr>
<th>Services which require a prior authorization</th>
<th>Medically Necessary</th>
<th>CPT Code</th>
<th>Diagnosis Code</th>
<th>Servicing Provider</th>
</tr>
</thead>
<tbody>
<tr>
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<td>No</td>
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</tbody>
</table>

PCP Signature: __________________________________________  Date: ___________________________

The information contained in this facsimile is private. It may also be legally privileged and/or confidential information of Mercy Care or a third party authorized only for the use of the intended recipient. If you are not the intended recipient, please return the original message and notify the sender immediately.
Immunization Schedule

Vaccines are listed under the routinely recommended ages. **BARS** indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a “catch-up” immunization on any subsequent visit when indicated and feasible. **SHADeD BOXES** indicate age groups that warrant special effort to administer those vaccines not previously given.

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
<th>BIRTH</th>
<th>1 mos.</th>
<th>2 mos.</th>
<th>4 mos.</th>
<th>6 mos.</th>
<th>12 mos.</th>
<th>18 mos.</th>
<th>24 mos.</th>
<th>4-6 yrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>HepB</td>
<td></td>
<td>HepB</td>
<td>HepB*</td>
<td>HepB</td>
<td>HepB</td>
<td></td>
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<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
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<td>DTaP</td>
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<tr>
<td>H. influenzae Type b</td>
<td>Hib</td>
<td></td>
<td>Hib</td>
<td>Hib</td>
<td>Hib*</td>
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<td>Inactivated Polio</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
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<td>IPV</td>
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<td>Measles, Mumps, Rubella</td>
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<td>Varicella</td>
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<td>Meningococcal</td>
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<td>Pneumococcal</td>
<td>PCV</td>
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<td>Influenza</td>
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<td>Hepatitis A</td>
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</tbody>
</table>

*Hepatitis B (HepB) at 4 months and Influenza Type B (Hib) at 6 months are optional doses. Discuss these options with your child’s physician.

1 Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups. Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

The State of Arizona requires schoolchildren and child care enrollees to be age-appropriately immunized. Schedules are subject to change. Check with your health care provider.

No Two Are Alike

As you use this checklist, keep in mind that the changes under each age are only a guide for you. They are based on the typical ages at which many children learn certain skills. Each child is one of a kind—no two are alike. They differ in appearance, how they feel about things and how they learn. They also differ in how they move and even in the speed of development. Your child may learn and grow more quickly or slowly in certain areas than other children of the same age.

Questions Are Good!

When you know just how your child should be growing and learning, you can improve your skills as a parent. You may see or even prevent possible problems. You can help to make your child’s first exciting years count for a lifetime!

Remember ... as parents, you know your child best. You are in charge of guiding your child and seeking help when needed. So, please ask questions if you have any concern about your child’s development. For more information, ask your doctor or call your local school district.

A Checklist of Your Child’s Growth from Birth to Five
When you are a busy parent it’s a challenge to keep all the facts straight. You find yourself asking questions like, “Now when is she supposed to be walking?” or “Should he be talking more by now?”

Questions are good. In fact, if you have a child under five, now is the time to be asking those questions about your child’s learning and growth. And now is the time to have their development checked on a regular basis.

The way your child develops and learns today is key to his or her future. Every step counts—especially during these all-important first five years of life.

That is why it is important for you to know how your child should be learning and growing... and that is why we have created this checklist brochure. Between visits to your doctor, use it as a guide to watching your child’s changes. If you have any questions or concerns, please talk with your doctor.

Remember... ask your doctor or call your local school district if you have questions about your child’s development!
Programa de Inmunizaciones

Las vacunas están bajo las edades normalmente recomendadas. BARRAS indican edades recomendadas para la inmunización. Toda dosis no administrada a la edad recomendada debe administrarse como inmunización complementaria en cualquier visita cuando esté indicada y sea factible. CAJITAS SOMBREADAS indican grupos de edades que merecen esfuerzos especiales para administrar las vacunas que no fueron administradas anteriormente.

<table>
<thead>
<tr>
<th>EDAD</th>
<th>VACUNA</th>
<th>AL NACER</th>
<th>1 mes</th>
<th>2 meses</th>
<th>4 meses</th>
<th>6 meses</th>
<th>12 meses</th>
<th>15 meses</th>
<th>18 meses</th>
<th>24 meses</th>
<th>4-6 años</th>
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<tbody>
<tr>
<td></td>
<td>Hepatitis B</td>
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<tr>
<td></td>
<td>Difteria, Tétanos, Toxoferrina</td>
<td>DTaP</td>
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*Dosis de Hepatitis B (HepB) a los 4 meses e Influenza Tipo B (Hib) a los 6 meses son opcionales. Hable con el médico de su niño sobre estas opciones.

La vacuna de polisacárido neumocócico (PPV) en recomendada además de PCV para cierto grupos con alto riesgo.

Aprobado por el Comité Asesor sobre Prácticas Inmunológicas (ACIP), la Academia Norteamericana de Pediatría (AAP), y la Academia Norteamericana de Médicos de Familia (AAFP).

Verifique el Crecimiento de su Hijo desde el Nacimiento hasta los Cinco Años

El Programa de Intervención Temprana de Arizona (AzEIP) es una línea de atención para cuatro áreas de exigencia: Servicios de Salud, Escuelas, Discapacidad y Trabajo. El AzEIP permite a diferentes sistemas de servicios colaborar para prevenir posibles problemas y proveer apoyo y asistencia. En Arizona, AzEIP es administrado por el Departamento de Economía y Oportunidades de Servicios de Salud (DEOSS) en conjunto con el Departamento de Educación de Arizona (AZDEA).

Las leyes del Estado de Arizona requieren que los niños matriculados en escuelas y programas de cuidado infantil estén debidamente inmunizados de acuerdo a su edad. Las programas pueden cambiar. Consulte con su proveedor de servicios de salud.

No hay dos que sean iguales

A medida que utilice su lista de verificación, recuerde que los cambios bajo cada edad son sólo guías, basadas en las edades típicas en las cuales muchos niños aprenden ciertas habilidades. Cada niño (a) es único—no hay dos que sean iguales. Se diferencian en apariencia, en la manera de sentir acerca de las cosas y en la manera como aprenden. También se diferencian en la manera en que se mueven, e, incluso, en la rapidez de su desarrollo. Puede que su hijo o hija aprenda y crezca con más rapidez o lentitud en ciertas áreas que los otros niños de la misma edad.

¡Está bien preguntar!

Cuando Ud. sabe cómo debería estar desarrollándose y aprendiendo su hijo, Ud. enriquece sus aptitudes como padre o madre. También puede reconocer o hasta prevenir posibles problemas. ¡Y puede contribuir a que los primeros años de su hijo cuenten para la vida!

Reúna... como padres, Uds. conocen mejor que nadie a su hijo (a). Están a cargo de guiarlo y acudir por ayuda cuando se necesite. Por esto, no vacile en hacer preguntas si le preocupa el desarrollo de su niño. Consulte con su médico o llame a su distrito escolar para más información.

El Departamento/Paquete de Oportunidades • Bajo las Títulos VI y VII de la Ley de Derechos Civiles del año 1964 (Título VI y VII) y la Ley de Estadounidenses con Incapacidades del año 1990 (ADA por sus siglas en inglés), la Ley de Discriminación a Base de Información Genética (GINA por sus siglas en inglés) del año 2008, el Departamento prohíbe discriminar en los programas, servicios, actividades o el empleo. Y también ordena que si es necesario el Departamento debe proporcionar interpretación de lengua en seres para personas sordas, un establecimiento accesible para sillas de ruedas, o materiales con letras grandes. También significa que el Departamento tiene que hacer arreglos razonables para que si es necesario el Departamento debe proporcionar interpretación de lengua en seres para personas sordas, un establecimiento accesible para sillas de ruedas, o materiales con letras grandes. También significa que el Departamento debe proporcionar interpretación de lengua en seres para personas sordas, un establecimiento accesible para sillas de ruedas, o materiales con letras grandes. También significa que el Departamento debe proporcionar interpretación de lengua en seres para personas sordas, un establecimiento accesible para sillas de ruedas, o materiales con letras grandes.
Cada Paso Cuenta

Cuando Ud. es un padre o una madre ocupada es un desafío mantener todos los hechos claros. Se encuentra preguntándose: “¿Cuándo es que se supone que comienza a caminar?” o “¿Ya debería estar hablando más?”

Tener preguntas es bueno. De hecho, si tiene un niño bajo de los cinco años ahora es el momento en el cual debería estar preguntándose acerca del aprendizaje y el crecimiento de su niño(a). Y ahora es el momento de hacer comprobar su desarrollo con regularidad.

La clave para el futuro de su niño depende de la manera en que se desarrolle y crezca hoy. Cada paso cuenta—especialmente durante estos muy importantes primeros cinco años de la vida.

Por esto es importante que Ud. sepa cómo debería estar aprendiendo y creciendo su hijo(a) ... y por eso hemos creado este folleto como una lista de verificación. Utilicela como guía entre visitas a su médico para observar los cambios en su niño(a). Si tiene alguna pregunta o duda por favor convérsela con su médico. También puede consultar con su distrito escolar para ver cuándo ofrecerán exámenes del desarrollo en su comunidad.

Busque estos cambios en el desarrollo de su niño

3 meses
- levanta la cabeza regularmente cuando está boca abajo
- hace sonidos de arrullo
- se calma cuando le hablan
- agarra objetos colocados en su mano
- comienza a hablar
- comienza a moverse (se arrastra pero no en manos y rodillas)

6 meses
- se sienta con poco apoyo
- balbucea cuando está sólo o acompañado
- alarga la mano para tomar objetos
- agarra objetos con cualquier de los manos
- gira los ojos y la cabeza hacia sonidos o las voces
- comienza a moverse (se arrastra pero no en manos y rodillas)

9 meses
- se sienta sin apoyo
- comienza a gatear (en manos y rodillas)
- imita aplausos, la tos, dice adiós y ma-má
- deja caer y busca objetos
- puede encontrar un juguete escondido bajo una cabaña
- le gusta tirar y recoger cosas

1 año
- se levanta y camina apoyándose de los muebles
- comienza a decir ma-má y pa-pá para referirse a sus padres
- se alimenta comidas sólidas a sí mismo con los dedos
- sigue instrucciones sencillas como “tráigame la pelota”
- señala objetos que conoce cuando le preguntan “¿dónde está?”
- comienza a usar cuchara y a agarrar una taza

1 año y medio
- camina bien y corre a los 18 meses
- puede empujar, jalar, acarrear y levantar objetos
- nombra algunos de los objetos
- puede indicar hacia dibujos sencillos
- le trae un objeto que conoce cuando se le pide

2 años
- sube y baja escaleras con ambos pies en cada escalón
- puede nombrar más de tres partes del cuerpo
- escribe garabatos
- apila de dos a cuatro objetos
- se expresa en frases de dos palabras
- disfruta de hacer cosas por sí mismo (a)
- se frustra fácilmente
- utiliza objetos de la manera en que deben usarse

3 años
- se expresa en frases de tres a cinco palabras
- canta canciones sencillas
- puede saltar en un mismo lugar
- comienza a hacer preguntas
- goza de jugar al “imitar” (por ejemplo pretender ser la mamá, el papá, los hermanos o las hermanas)
- puede ayudar a cepillarse los dientes, a lavarse las manos, a desvestirse, etc.

4 años
- puede utilizar el baño (con pocos accidentes)
- puede equilibrarse en un pie, después el otro puede nombrar hasta tres colores

5 años
- le gustan los desafíos que le presenta un patio de recreos
- se viste completamente por sí mismo(a), incluso abotonar, subir y bajar cierres, amarrarse los zapatos
- puede jugar conjuntamente en un grupo pequeño de niños
- dibuja a las personas en dos partes — la cabeza y los brazos o las piernas
- puede contarle a los padres algo que sucedió durante su ausencia
- puede contar hasta el diez

Recuerde ... ¡consulte a su médico o llame a su distrito escolar si tiene preguntas acerca del desarrollo de su hijo o hija!

Si tiene dudas, llame al:
Centro de Información sobre Niños de Arizona
1-800-232-1676
Programa de Intervención Temprana de Arizona
602-532-9960
Gratis en Arizona solamente:
1-888-439-5609
E-mail AllAzEIP2@azdes.gov
لا يوجد خصائص متعددة عند استخدمك الفحص هذه، فتحت أن الفحوصات المدروسة تستخدم كشفة عصرية للصحة العامة والأعمال النموذجية في جميع أنواع الخدمات الصحية، بما في ذلك الفحوصات المدروسة في الولايات المتحدة. قد تفقد معلوماتك عن حالة الطفولة أو عن أي آلام صحية غير مباشر عن الطلق أو عن أي آلام صحية معينة، أو عن أي آلام صحية محددة.

الأنشطة الجيدة

عندما تحدث عن الكنيسة التي تنوي فحصك، قد تتطلب أوليائياً أن تقوم بذلك، فإنك قد تجد أن يكون لопредел ضعف في القدرة على الحماية من المخاطر، أو أن يكون ضعف في القدرة على الحماية من الحساسيات، أو أن يكون ضعف في القدرة على الملاحظة، أو أن يكون ضعف في القدرة على الحماية من الحساسيات، أو أن يكون ضعف في القدرة على الحماية من الحساسيات، أو أن يكون ضعف في القدرة على الحماية من الحساسيات، أو أن يكون ضعف في القدرة على الحماية من الحساسيات.

الأنشطة الصحية

أعد التدخلات الصحية

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ابحث عن هذه التغيرات في طفلك في مرحلة النمو:

 عام ونصف

- يشم بكلد جيد، وقد يولع بالنساء
- يأكل حليب الأم، ويصبح طعاماً
- يعطش وينام

 عام

- يمشي ويزدج
- يتعلم عن طريق التجربة
- يتعلم عن طريق الاستماع
- يتعلم عن طريق التعلم
- يتعلم عن طريق القراءة

 كل خطة

نوع: الصيد

الاستشارات:

1. انتشر في المنطقة.
2. انتشر في المنطقة.
3. انتشر في المنطقة.
4. انتشر في المنطقة.

 هذه النصائح مفيدة للفحص الأولي لعام النمو في الطفل.
Referral for Behavioral Health Services

FAX: 844-424-3975

<table>
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<tr>
<th>Information on Person Making Referral</th>
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<tr>
<td>Date:</td>
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<td>Time (24-hour clock):</td>
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<tr>
<td>Type of Service Requested:</td>
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<td>Name and Title:</td>
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<td>Affiliated Agency:</td>
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<td>Phone:</td>
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| Type of Service Requested:            |
| One time consultation                 |
| Ongoing Behavioral Health Services    |

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<tr>
<th>Behavioral Health Services Requested</th>
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<tr>
<td>(Check all that apply):</td>
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<tr>
<td>Treatment Services: (Choose One)</td>
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<tr>
<td>Behavioral Health Counseling and Therapy</td>
</tr>
<tr>
<td>Assessment, Evaluation and Screening Services</td>
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<tr>
<td>Other Professional</td>
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| General description of service(s) requested: (Choose One) |
| Individual Therapy                             |
| Family Therapy                                 |
| Group Therapy                                  |
| Medication Management                          |
| Substance Abuse                               |
| Unknown                                       |

| Rehabilitation Services: (Choose One)         |
| Skills Training and Development                |
| Cognitive Rehabilitation                        |
| Behavioral Health Prevention/Promotion Education |
| Psychoeducational Services/Supportive Employment |

| Medical Services: Medication Services (Choose One) |
| Laboratory, Radiology and Medical Imaging         |
| Medical Management                               |
| Electroconvulsive Therapy (ECT)                   |

| Support Services: (Choose One)                   |
| Case Management                                  |
| Personal Care Services                           |
| Home Care Training Family (Family Support)       |
| Self-Help/Peer Services (Peer Support)           |
| Home Care Training to Home Care Client           |
| Unskilled Respite Care                           |
| Supported Housing                                |
| Sign Language or Oral Interpretative Services    |
| Non-Medically Necessary Covered Services         |
| Transportation                                   |

| Behavioral Health Day Programs: (Choose One)    |
| Supervised Behavioral Health Treatment and Day Programs |
| Therapeutic Behavioral Health Services and Day Programs |
| Community Psychiatric Supportive Treatment      |
| Medical Day Programs                            |
### Information on Person Being Referred for Services

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<td>Current Location (if not address above):</td>
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<td>If female, are you pregnant?: □ Yes □ No □ N/A</td>
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<td>Intravenous Drug (IV) use: □ Yes □ No □ N/A</td>
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<td>Parent/ Legal Guardian (if applicable):</td>
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<td>Parent/ Legal Guardian phone:</td>
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<tr>
<td>Identify individual(s) that the member, parent or guardian may wish to be invited to initial appointment with person (Include phone):</td>
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<tr>
<td>Person/Parent/Guardian is aware of Referral: □ Yes □ No</td>
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<tr>
<td>Cultural and Language Considerations: □ Yes □ No</td>
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<tr>
<td>If yes interpreter needed: □ Yes □ No</td>
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### Accommodation Needs

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<th>Yes</th>
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<tr>
<td>Mobility Assistance: □ Yes □ No</td>
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<tr>
<td>If yes, identify assistance needed:</td>
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<tr>
<td>Visual Assistance: □ Yes □ No</td>
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<tr>
<td>If yes, identify assistance needed:</td>
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<tr>
<td>Hearing Impairment Assistance: □ Yes □ No</td>
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<td>If yes, identify assistance needed:</td>
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<tr>
<td>Developmental or Cognitive Impairment: □ Yes □ No</td>
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### Payment Source

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<thead>
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<tr>
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<td>Medicare: □ Yes □ No</td>
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<td>Block Grant eligible: □ Yes □ No</td>
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<td>Other:</td>
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<td></td>
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<tr>
<td>Primary Care Physician (PCP):</td>
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<tr>
<td>PCP Phone / Fax:</td>
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<td></td>
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<tr>
<td>Name of Private Insurance and/or Health Plan:</td>
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<tr>
<td>Reason for Referral:</td>
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www.MercyCareAZ.org
### Unable to Contact Person Being Referred for Services

If the person is taking medications to treat a behavioral health condition, does she/he have an adequate supply for the next 30 days?  
- Yes  
- No  

If no, when will she/he exhaust the current supply of medication?  

If currently receiving services will there be any other interruptions that need to be addressed?  

**Outreach Attempts:**

- **Type of Outreach and Engagement conducted (check all that apply):**  
  - Phone Call  
  - Face to Face visit attempts  
  
- **Number of calls:**  
- **Number of attempts:**  

If unsuccessful, state reason why (check all that apply):  
- No answer to phone call  
- Person being referred already enrolled in behavioral health services  
- Telephone disconnected  
- Person being referred refuses behavioral health services  
- Message(s) left with no response  

Referral Source Notified of Unsuccessful Contact:  
- Yes  
- No  

If yes, list alternate contact information obtained:  

---

### Please return form to referral source with “Action Taken” section completed.****
REQUEST FOR PSYCHOLOGICAL TESTING

PLEASE TYPE ALL INFORMATION. NOTE THAT REQUEST WILL NOT BE ACCEPTED UNLESS COMPLETED IN DETAIL WITH ALL SUPPORTING INFORMATION ATTACHED.

Type of Service Requested: [ ] Psychological Testing [ ] Neuropsychological Testing
[ ] Psychosexual Testing
(See bottom of last page for potentially authorized CPT codes and units.)

Name:

DOB: [ ] AHCCCS #: [ ] DCS: [ ]

Guardian: [ ] Parent: [ ] Other Members of Team: [ ] JPO [ ] DDD [ ] DCS [ ] Other

Treating Doctor/NP Name: Phone/Email:

Clinic: Phone/Email:

Case Manager: Phone/Email:

Requesting Clinician/Title: Phone/Email:

Current location of member: (i.e. inpatient, foster care, family, home)

Diagnosis including substance use /abuse/dependence: Please be detailed including developmental disability if applicable.

Axis I:

Axis II:

Axis III:

What is the clinical question to be answer by testing?

Is this meant to support custody evaluations, parenting assessments, or court ordered testing? [ ] Yes [ ] No

Is this testing for Educational or Vocational purposes? [ ] Yes [ ] No

What are the current symptoms and/or functional impairments related to testing question?

How would the results of testing affect the treatment plan (please be specific)?

Medical/Psychological Evaluation and Treatment

Has patient had a psychiatric diagnostic evaluation? [ ] Yes Date: [ ] No

Has patient had previous psychological testing? [ ] Yes Date: [ ] No

Focus of prior evaluation:

If current request is ADHD related, indicate latest results of Conners’ or similar ADHD ratings scales (please attach):

[ ] Positive [ ] Inconclusive [ ] Negative [ ] N/A (not ADHD related or no administration of rating scales.

Is testing intended to diagnose Autism Spectrum disorders? [ ] Yes [ ] No

If Yes: Attach detailed Psychiatric Evaluation which should include a review of records of pediatrician, PCP, school observations, coordination, rating scales and any other testing completed.

Current Substance Use (please document all substance abuse within the last year):

Requesting Clinician Signature: ____________________________ Date:

Supervisor Name Signature: ____________________________ Date:

www.MercyCareAZ.org
REQUEST FOR PSYCHOLOGICAL TESTING

Current Psychiatric Medication list with dosages and effect:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th>Target Symptoms</th>
<th>Effect/Duration of Trial/Compliance</th>
</tr>
</thead>
</table>

THE FOLLOWING MUST BE COMPLETED BY PSYCHIATRIC PROVIDER OR MEDICAL DIRECTOR IF NOT ASSIGNED OR ASSIGNED PROVIDER IS NOT AVAILABLE.

Detailed Clinical summary from treatment psychiatric provider for 6 months:

Clinical opinion and rationale (based on criteria) of psychiatric provider for testing request:

Printed Name of Provider:
Phone:                      Email:
Signature of Provider: ___________________________ Date:

Required Attachments:
- BHMP Evaluation and progress notes that detail assessment of clinical concern listed above.
- Any supporting rating scales
- Neurological assessment, reviewed by BHMP if for a Neuropsychological Evaluation
- Any prior testing completed

Psychological testing: 96101-, 96102 -, 96103 -
Neuropsychological testing: 96116, 96118, 96119
Psychosexual testing: 96101, 96102, 96103

Name of Identified Mercy Care Contracted Provider
Servicing Provider/Facility Information:
Servicing Provider Organization:
Address:
TIN#:                      NPI#:                      Phone#:

Administrative Contact Name:
Billing Address:

After this form is completed, please fax it to Mercy Care's Prior Authorization Department at 1-800-217-9345.
Medical Case Management Referral

**Note:** The initial member outreach will be initiated within three (3) business days of the member being identified for care management.

Date: ___________  Referral Taken By: __________________________ Department: __________________________

Please send the Mercy Care referral form by faxing to 844-424-3975

<table>
<thead>
<tr>
<th>Accept</th>
<th>Decline</th>
<th>Phone Intervention</th>
<th>Supervisor Initials and Due Date</th>
</tr>
</thead>
</table>

Member Name: ________________________________  ID#: _________ BU: __________

Parent/Guardian: ________________________________  DOB: _______ Rate Code: _______

Address: ________________________________  Age: ____________

City, Zip: ________________________________  Eligibility Date: ______________

Phone: ______________  Message Phone: ______________

CURRENT LOCATION OF MEMBER: ________________________________  MCP Internal #: ______________

Current Address: ________________________________  TPL/COB ID#: ______________

Current Phone: ________________________________  Policy Name: ______________

Contact: ________________________________  Policy #: ______________

Primary Care Physician: ________________________________  Phone: ______________

Person Making Referral: ________________________________  Dept. Phone: ______________

**Diagnosis:**  
______________________________________________________________________________

Description of Problem:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Mercy Care cares about you and your family’s health.
We want you to know about Arizona WIC (Women, Infants and Children).

What is WIC?
Arizona Women, Infants, & Children, (WIC), is a federally funded program providing nutritious foods, nutrition education, referrals, and breastfeeding resources and assistance. Who does WIC help?

Who does WIC help?
- Pregnant women
- Women who are breastfeeding
- Women who have just had a baby
- Babies
- Children who are under five years old

Why call WIC?
If you want more information about nutrition and ways to keep your family healthy, call WIC. WIC can also provide information about and/or help with several topics.

How to apply?
Please call WIC today at 1-800-2525-WIC. WIC will help you make an appointment to find out if you qualify. Most members of Mercy Care are eligible for WIC.

Contract services are funded under contract with AHCCCS. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

If you have questions, please call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879 (TTY/TDD 711)
Head Start Program helps young children

At Mercy Care, we care about our members. We want to help you give your child a good start in life. Head Start is a great way to begin! Head Start programs are provided at no cost to families. Call Head Start to find out if your child is qualified.

Head Start helps kids get ready for kindergarten.

Children must be 3 or 4 as of September 1 to be part of these programs. Head Start works to improve the lives of young children by providing:
- Well-equipped classrooms
- Nutritious snacks and meals
- Classes for you and your kids
- Special services to help with disabilities

Get started with Head Start
If you live in one of the cities or counties below, call to find a facility near you.

Phoenix: 602-262-4040 or 602-506-5911
Maricopa County (East Valley): 480-464-9669
Maricopa County (West Valley): 623-486-9868

If you have any questions, call Mercy Care Member Services at 602-263-3000 or 1-800-624-3879. If you are deaf or have difficulty hearing, call 711.

Contract services are funded under contract with AHCCCS.

Other areas within Maricopa County or if you have questions: 602-262-4040 or 602-506-5911

Apache County: 928-774-9504
Cochise County: 520-882-0100
Coconino County: 928-774-9504
Gila County: 520-723-5321
Graham County: 520-882-0100
Greenlee County: 520-882-0100
La Paz County: 928-782-1886
Mohave County: 928-782-1886
Navajo County: 928-774-9504
Pima County: 520-882-0100
Pinal County: 520-723-5321
Santa Cruz County: 520-882-0100
Yavapai County: 928-774-9504
Yuma County: 928-782-1886
Developmental Screening 101

Steps for primary care providers
Developmental screening is an important component of regular EPSDT (well-child) visits. AHCCCS policy allows for an enhanced payment for specific developmental screening tools at specific EPSDT visits. Following the steps below will ensure primary care providers receive the appropriate enhanced payment for developmental screenings.

**Step 1:** Get training on PEDS, ASQ, M-CHAT-R/F™
Prior to providing service, the provider must complete the required training for the developmental screening tools they plan to utilize:

- Ages and Stages Questionnaires™ Third Edition (ASQ) is a screening tool validated for use with children up to 5 years of age.
- Ages and Stages Questionnaires®: Social-Emotional (ASQ:SE) is a tool for social-emotional screening validated for use with children up to 5 years of age.
- Modified Checklist for Autism in Toddlers (M-CHAT-R/F™) is a screening tool to assess risk of autism spectrum disorder (ASD) validated for use with children 16-30 months of age.
- The Parents’ Evaluation of Developmental Status (PEDS) is a developmental screening tool validated for use with children up to 8 years of age.

**Step 2:** Upload training certificate for each screening tool to CAQH via www.caqh.org

**Step 3:** Administer PEDS, ASQ, MCHAT-R/F™ at EPSDT visits and provide appropriate follow-up and referrals
- Screening tools should be utilized at 9, 18, and 24 months (Note: MCHAT-R/F™ is only used at 18- or 24-month visits).
- Schedule follow-up visits and referrals as appropriate based on results of screening.
- Continue on-going developmental surveillance at all EPSDT visits.

**Step 4:** Bill 96110 with EP modifier
- For proper payment for the enhanced developmental screening rate, 96110-EP should be billed.
- Copies of the completed screening tools must be retained in the medical record.

**Note:** providers may bill for the enhanced rate for developmental screenings only if they have completed steps 1-3 and bill 96110 with EP modifier.

For more information or assistance, speak with your Provider Relations representative. Or visit www.MercyCareAZ.org

Contract services are funded under contract with AHCCCS.
Early identification and referral for autism spectrum disorder (ASD)

Take all of the following steps when possible ASD is identified through developmental surveillance, screening, or parental/guardian concern:

- **Refer to an ASD-diagnosing provider for ASD evaluation**
  ASD-diagnosing providers include developmental/behavioral pediatricians, neurodevelopmental pediatricians, pediatric neurologists, psychiatrists, and licensed clinical psychologists.
  AHCCCS Complete Care plans and the Regional Behavioral Health Authority (RBHA) in your area have ASD-diagnosing providers. You can refer to either for an ASD evaluation as well as evaluation for services to treat and support the youth and family. To access behavioral health services for ASD, see [www.azahcccs.gov/shared/asd.html](http://www.azahcccs.gov/shared/asd.html).

- **Refer to AzEIP for children 0-3 years of age with developmental delay** [des.az.gov/services/disabilities/developmental-infant](http://des.az.gov/services/disabilities/developmental-infant)

- **Complete additional screening tests as needed, such as vision and hearing**

- **Do not delay needed treatment while awaiting ASD diagnosis confirmation or early intervention eligibility**
  Refer as needed to other medical specialists. Refer for needed services such as OT, ST, and feeding therapy. Make sure to get prior authorization (PA) first from Mercy Care when PA is needed.

- **Refer to the Department of Developmental Disabilities (DDD)**
  If patient is at risk for autism or has ASD, call 602-542-0419 or 1-844-770-9500, or visit [ddd.azdes.gov/dddeligibilityrequest/EligibilityRequirements.cshtml](http://ddd.azdes.gov/dddeligibilityrequest/EligibilityRequirements.cshtml)

- **Help ensure access to needed school services**
  Advise parents/guardians of children 3 years of age or older to ask their local school district about an evaluation and coordinate with the school to ensure appropriate services are provided.

For more information or assistance, speak with your Provider Relations representative. Or visit [www.MercyCareAZ.org](http://www.MercyCareAZ.org)
Autism Spectrum Disorder Training for Health Professionals

Monthly Training

Learning Objectives:
- Prevalence and Pathology
- Characteristics
- Screening tools for ASDs: M-CHAT F/U and DAVE SQ
- Effective Behavioral Interventions
- Community Services
- Medical Treatments

Date: First Tuesday of each month
Time: 1:30 to 3:30
Place: SARRC
2225 N. 16th Street, Phoenix 85006
RSVP: Sharman Ober-Reynolds
602-218-8225
soberreynolds@autismcenter.org

Professionals: $50 for M-CHAT-R/F & DAVE Screening Certificate
Students: FREE

Sponsored By

Phoenix Children’s Hospital is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Phoenix Children’s Hospital designates this live activity for a maximum of 2 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Autism Spectrum Disorder Resources for Families and Providers

Autism/ASD national
https://www.healthychildren.org/English/health-issues/conditions/Autism/Pages/Autism-Spectrum-Disorder.aspx

ASD AZ
http://phxautism.org
http://www.azautism.org/

https://www.azahcccs.gov/shared/asd.html
http://www.phoenixchildrens.org/medical-specialities/developmental-pediatrics/topics/autism
www.autismcenter.org
autismcenter.org/community-school

Supports for Children with Special Needs and Developmental Disabilities

https://www.healthychildren.org/English/health-issues/conditions/developmental-disabilities/Pages/default.aspx
http://www.raisingspecialkids.org/
http://www.familyvoices.org/

Supports for Transition from Youth to Adulthood

https://www.healthychildren.org/English/news/Pages/Helping-Adolescents-Transition-to-Adult-Health-Care.aspx
http://www.gottransition.org/resources/
Thank you for completing the CAQH Provider Application.

You will use these forms to submit supporting documentation and authorize the release of your credentialing data to participating healthcare organizations. This page will serve as your fax cover sheet. Please assemble all pages as instructed, complete this form, and fax to:

Fax Number 1-866-293-0414

**Instructions:**
The supplemental documentation requested in your application is listed below. For each of the documents that apply to you, please indicate the ID of the attachment, the number of pages for that attachment and the state of issue (if applicable). For each document, also indicate with an "X" if you are adding the document to the system (first time submitting that particular document) or replacing that previously submitted document.

<table>
<thead>
<tr>
<th>ID Attachment</th>
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<tbody>
<tr>
<td>000 Credentialing Application (Required for paper applications only)</td>
<td>046 Professional Liability Verification</td>
</tr>
<tr>
<td>012 Board Certification Certificate</td>
<td>002 State Controlled Dangerous Substance (CDS) Certificate [CR]</td>
</tr>
<tr>
<td>014 CME/CEU Session Certificates</td>
<td>007 State License Certificate [R]</td>
</tr>
<tr>
<td>003 Current Professional Liability Insurance Policy Face Sheet [R]</td>
<td>004 W9 - Please submit especially for any newly reported tax ID numbers</td>
</tr>
<tr>
<td>025 Curriculum Vitae/Resume</td>
<td>011 ECFMG Certificate</td>
</tr>
<tr>
<td>001 DEA Registration [CR]</td>
<td>014 Formal Post-Graduate Training Certificates</td>
</tr>
<tr>
<td>007 Other State License(s)</td>
<td>030 Permanent Resident Card or Visa Status [CR]</td>
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</table>

**Documents requested in your application.** [R] = Required, [CR] = Required only if you hold the listed certificate.

**Attachment ID (see above)** | **Number of Pages** | **Issuing State (if applicable)** | **Mark only one box for each document** | **Attachment ID (see above)** | **Number of Pages** | **Issuing State (if applicable)** | **Mark only one box for each document** |
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
Member’s PCP Change Request Form

I, ____________________________, am requesting to be assigned to the following Primary Care Physician (PCP): ____________________________ effective ____________________________.

I understand it is my choice to select a PCP, and I am freely requesting this change be processed on my behalf by ____________________________ personnel. I have recorded my information below to confirm my identity.

Member’s Name: __________________________________________________________

Date of Birth: ____________________________ AHCCCS ID number: ____________________________

Mailing Address: __________________________________________________________

Contact Telephone Number: ________________________________________________

Member’s Signature: ____________________________ Date: ____________________________

Witness Name: ____________________________ Date: ____________________________

For Office Use Only

Demographic Information of Group Requesting Change

Group Name: __________________________________________________________

Address: __________________________________________________________

Tax Id Number: ____________________________

PCP Information

PCP’s Name: ____________________________

Physical Address (Location): ____________________________

PCP’s Individual NPI: ____________________________

Office Staff Name (Print): ____________________________ Date: ____________________________

Email Request to: MBU-MCP_Enrollment@AETNA.com or FAX Request to: 602-351-2313

www.MercyCareAZ.org
Provider Notification
Laboratory Services Network and In-Office Lab Codes

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>January 12, 2015</th>
<th>Effective Date</th>
<th>October 1, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans Affected</td>
<td>All Lines of Business</td>
<td></td>
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</tbody>
</table>

Effective with dates of service on or after October 1, 2011, Mercy Care will implement changes to its laboratory services network. Please note the following updates:

- Sonora Quest Laboratories, a subsidiary of Laboratory Sciences of Arizona, will be the only provider of laboratory services for all of our Acute, DDD, Mercy Care Long Term Care (MCLTC), and Mercy Care Advantage (MCA) membership. If your practice location does not presently have a relationship with Sonora Quest Laboratories, please contact their Sales Support Department at (602) 685-5285. Sonora Quest Laboratories will work closely with your practice to assure a smooth transition takes place.

- ALL genetic testing requests must be authorized in advance. The prior authorization staff will direct you to the appropriate laboratory service provider for the test that you are requesting.

- Please DO NOT send any Mercy Care members to a hospital reference laboratory for services. All laboratory testing can be provided by Sonora Quest Laboratories.

- Since Sonora Quest is Mercy Care’s preferred lab, we only allow the following lab services to be reimbursed in the physician office setting:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
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</thead>
<tbody>
<tr>
<td>81002</td>
<td>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, non-automated, without microscopy</td>
</tr>
<tr>
<td>81025</td>
<td>Urine pregnancy test, by visual color comparison methods</td>
</tr>
<tr>
<td>82270</td>
<td>Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)</td>
</tr>
<tr>
<td>82962</td>
<td>Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use</td>
</tr>
<tr>
<td>83026</td>
<td>Hemoglobin; by copper sulfate method, non-automated</td>
</tr>
<tr>
<td>83036 QW</td>
<td>Hemoglobin; glycosylated (A1C)</td>
</tr>
<tr>
<td>83037 QW</td>
<td>Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
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<td>----------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>85018 QW</td>
<td>Blood count; hemoglobin (Hgb)</td>
</tr>
<tr>
<td>85610 QW</td>
<td>Prothrombin time</td>
</tr>
<tr>
<td>85651</td>
<td>Sedimentation rate, erythrocyte; non-automated</td>
</tr>
<tr>
<td>86308 QW</td>
<td>Heterophile antibodies; screening</td>
</tr>
<tr>
<td>86580</td>
<td>Skin test; tuberculosis, intradermal</td>
</tr>
<tr>
<td>87210 QW</td>
<td>Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)</td>
</tr>
<tr>
<td>87804 QW</td>
<td>Infectious agent antigen detection by immunoassay with direct optical observation; Influenza</td>
</tr>
<tr>
<td>87880 QW</td>
<td>Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A</td>
</tr>
<tr>
<td>83655</td>
<td>Lead tests</td>
</tr>
</tbody>
</table>
**EPSDT supply order form**

Please fax request to:

**860-975-3201**  
Provider Services Department  
Mercy Care

<table>
<thead>
<tr>
<th>Provider office:</th>
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<tbody>
<tr>
<td>Requestor name:</td>
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<td>Telephone number:</td>
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<td>Address:</td>
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<tr>
<td>3-5 Days</td>
<td>☐</td>
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<tr>
<td>One month</td>
<td>☐</td>
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</tr>
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<tr>
<td>Four months</td>
<td>☐</td>
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<td>Six months</td>
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</tr>
<tr>
<td>Nine months</td>
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<td>12 Months</td>
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<td>18 Months</td>
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<td>24 Months</td>
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<td>Three years</td>
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<td>7–8 Years</td>
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<td>9–12 Years</td>
<td>☐</td>
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<tr>
<td>13–17 Years</td>
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<tr>
<td>18–21 Years</td>
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MC-1297  
www.MercyCareAZ.org
**PROVIDER ASSISTANCE PROGRAM**

**IMPORTANT INSTRUCTIONS:** The purpose of the Provider Assistance Program is to help providers coordinate and/or manage the medical care for Mercy Care members at risk. Please complete this form and fax or mail it to member services (fax # 602 351-2313).

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Member ID#:</td>
<td></td>
</tr>
<tr>
<td>Provider Name:</td>
<td></td>
</tr>
<tr>
<td>Provider Address:</td>
<td></td>
</tr>
<tr>
<td>Provider City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Provider Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
</tbody>
</table>

Check box for member assignment (PCPs only) and select primary reason for requesting assistance

- [ ] Continue Member Assignment
- [ ] Remove Member From Panel (Include member 30 day discharge notice) *A removal will not be processed without the Member Discharge Letter.*

**Member Issue:**

- [ ] Communication/Deteriorated Relationship (PR01)
- [ ] Excessive No-Shows (PR04)
- [ ] Complex Medical Care/different doctor needed (PR07)
- [ ] Non-Compliant with Medical Care (Case Management Needed) (PR05)
- [ ] Possible Fraud (PR08)
- [ ] Possible Drug Seeking (PR06)
- [ ] Other (Describe below) (PROT)

**Briefly describe the problem:**

**Provider Signature**

<table>
<thead>
<tr>
<th>Office Use only: LOB</th>
<th>MSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Changed PCP</td>
<td>[ ] Referred for No Show f/u</td>
</tr>
<tr>
<td>[ ] Referred to CM</td>
<td>[ ] Completed Fraud Form</td>
</tr>
<tr>
<td>[ ] No Action Taken</td>
<td>[ ] Referred for Rx restriction</td>
</tr>
</tbody>
</table>

Revised: July 1, 2018
VIII. Division of Developmental Disabilities (DDD)
Division of Developmental Disabilities (DDD)

Provider information

Mercy Care understands that taking children to the doctor can be challenging. These challenges are greater when your child has special needs. Parents of DDD members may need to schedule and attend extra appointments with specialists as well as coordinate care. As a result, well-child visits and immunizations are often missed or late.

Mercy Care has implemented outreach that focuses on reminding parents of DDD members how important preventative services are. For example:

- An article was included in our member’s newsletter that reminded parents that even when there are many other appointments to attend, well visits and immunizations are still an important part of their child’s medical care.
- Mercy Care is collaborating with DDD Support Coordinators when it will increase the quality of care that the member is receiving. For example, if a parent refuses to take their child in for a well visit, we will contact the DDD Support Coordinator to let them know. Discussing the issue with someone who is directly involved in their child’s care may make a difference.
- Mercy Care provides specific outreach to providers that have a high number of members that are not up to date on immunization or well visits.
- During outreach calls to parents of DDD members referred to the dentist during a well-child visit, a list of dentist that have experience with special needs children will be referenced. This information is also included for you.

How can we help?

- Complete a well-child exam and EPSDT form, even if the patient schedules an appointment for something else.
- Make sure that the patient has been in recently before approving requests for DME or nutritional supplements.
- Set up an automatic reminder/recall system within your office so parents are notified by phone or mail when it’s time for a well visit.

For more information:
Mercy Care website: www.MercyCareAZ.org
Dental directory for special needs members

AZ School of Dentistry and Oral health
5855 E. Still Cir, #101
Mesa, AZ 85206
480-248-8100

Raymond Solomon
5757 W. Thunderbird Rd. #451
Glendale, AZ 85306
602-345-7959

Heuser Pediatric Dental
7301 E. Second St. #300
Scottsdale, AZ 85251
480-882-4545

Michael LaCorte DDS
8351 N. Oracle Rd.
Tucson, AZ 85704
520-297-5900

Mark Maklin
2370 N. Wyatt Dr. #110
Tucson, AZ 85712
520-325-6991

AZ Pediatric Dentist & Orthodontics
4145 N. 108th Ave.
Phoenix, AZ 85037
623-344-2000

Thuy B. Ngo, DMD
4550 E. Bell Rd.
Bldg. 1, Ste. 102
Phoenix, AZ 85032
602-485-1588

Randy Weinshel, DDS
3220 S. Gilbert Rd., Ste. #1
Chandler, AZ 85286
480-298-8771

www.MercyCareAZ.org
<table>
<thead>
<tr>
<th>Area</th>
<th>Statewide Resources</th>
<th>Notes</th>
<th>Phone Number</th>
<th>Dentures</th>
<th>Senior</th>
<th>Kids</th>
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<td>Mesa</td>
<td></td>
<td></td>
<td>480-850-1474</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>866-340-4337</td>
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<tr>
<td>Flagstaff</td>
<td></td>
<td></td>
<td>928-523-0000</td>
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<td></td>
<td></td>
<td></td>
<td>928-534-1100</td>
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<td>YES</td>
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<td>928-536-1900</td>
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<td>928-538-1100</td>
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<td>928-540-1100</td>
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<td>YES</td>
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For a private dentist in your community, log on to www.findadentist4.me

Apply for AHCCCS at www.azahcccs.gov

www.MercyCareAZ.org

rvsd 01/23/2013

480-850-1474 or 866-340-4337 to apply
<table>
<thead>
<tr>
<th>Location</th>
<th>Clinic Name</th>
<th>Phone Number</th>
<th>Accepts Adults</th>
<th>Accepts Kids</th>
<th>HIV/AIDS Only</th>
<th>Pre-qualify @ Intake</th>
<th>Intake for all MIHS</th>
<th>Lottery for Care</th>
<th>Veteran’s Only</th>
<th>Pre-qualify @ Intake</th>
<th>Sedation</th>
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<td>Maricopa Medical Center Dental Clinic-Adults (MIHS)</td>
<td>602-344-1005</td>
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<td>YES</td>
<td>YES</td>
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<td>NO</td>
<td>YES</td>
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<td>Phoenix</td>
<td>Maricopa County Integrated Health INTAKE (MIHS)</td>
<td>602-344-1005</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
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<td>Phoenix</td>
<td>Maricopa Medical Center Dental Clinic-Kids (MIHS)</td>
<td>602-344-1005</td>
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<td>Phoenix</td>
<td>McDowell Health Care Dental Clinic (MIHS)</td>
<td>602-344-6550</td>
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<td>YES</td>
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<td>Phoenix</td>
<td>Mountain Park Health Dental Clinic - South Phoenix</td>
<td>602-243-7277</td>
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<td>Phoenix</td>
<td>Native American Community Health Center</td>
<td>602-279-5262</td>
<td>Accepts non-natives who qualify for certain programs</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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<tr>
<td>Phoenix</td>
<td>Neighborhood Christian Clinic</td>
<td>602-258-6008</td>
<td>Closed on Wednesdays</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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<td>Phoenix</td>
<td>St. Vincent de Paul Dental Clinic</td>
<td>602-261-6868</td>
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<td>Phoenix</td>
<td>VA Medical Center (for 100% disabled only)</td>
<td>602-277-5551</td>
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<td>NOAH - Palomino Center</td>
<td>602-449-2811</td>
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<td>Scottsdale</td>
<td>NOAH - Paiute Center</td>
<td>480-312-0007</td>
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<tr>
<td>Tribal</td>
<td>Contact their local Indian Health Services</td>
<td>1-800-dentist</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
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<td>Abuse</td>
<td>Give Back a Smile (AMCD)</td>
<td>1-800-dentist</td>
<td><a href="http://www.givebackasmile.com">www.givebackasmile.com</a></td>
<td>NO</td>
<td>YES</td>
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<td>Smiles for Success</td>
<td>1-800-920-2293</td>
<td><a href="http://www.smilesforsuccess.org">www.smilesforsuccess.org</a></td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
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<td>Orthodontics</td>
<td>Smiles Change Lives</td>
<td>480-248-8132</td>
<td><a href="http://www.smileschangelives.org/apply">www.smileschangelives.org/apply</a></td>
<td>NO</td>
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<td>Sedation</td>
<td>Any MIHS Program. Ask for COPA Care application to qualify for discounted sedation/treatment.</td>
<td>480-248-8132</td>
<td>NO</td>
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