

Appendix VII — Preventive Care

Appendix VII-A — Preventive Care Standards and Required Documentation

Preventive Care Service	Standard	Required Documentation
Childhood and Adolescent Immunizations	<p>Complete immunizations on or before the child's 2nd birthday: 4 – DTaP/DTP 3 – IPV 3 – Hib 3 – Hep B 4 – PCV 1 – MMR 1 – VZV 2 or 3 – Rotavirus 1 – Hep A 2 – Influenza</p> <p>Complete immunizations on or before child's 13th birthday: 1 – MCV4 or MPSV4 (on or between 11th and 13th birthdays)</p> <p>1 – Tdap or Td (on or between 10th and 13th birthdays)</p> <p>Complete immunizations on or between the female adolescent's 9th and 13th birthdays: 3 – HPV vaccinations</p>	<p>When information is obtained from the patient's history, the medical record documentation must include:</p> <ul style="list-style-type: none"> • Dated immunization history OR note indicating name of specific antigen and date of immunization <p>When entries are made at the time of the immunization, documentation must include:</p> <ul style="list-style-type: none"> • Name of specific antigen • Date of immunization(s) <p>A certificate of immunization from an authorized provider or agency must include:</p> <ul style="list-style-type: none"> • Specific date of immunization(s) • Type of immunization(s) given <p>All entries must be dated by the child's 2nd birthday. A note that the patient is up-to-date with all immunizations is not sufficient documentation.</p>
Lead Screening	<p>All children should have at least one lead capillary or venous blood test on or before the child's second birthday.</p>	<p>Any medical record documentation, including lab slips, must include all of the following:</p> <ul style="list-style-type: none"> • Child's name • Child's date of birth (age is not sufficient) • Date blood test was performed • Result of test <p>Results of erythrocyte protoporphyrin testing are unacceptable.</p>
Well-Child Visits in the 1st 15 Months of Life	<p>Patients who turned 15 months during the reporting year should have at least six (6) well-child visits conducted during the first 15</p>	<p>Documentation must include a note indicating a visit with a PCP, the date on which the well-child visit occurred, and evidence of all the</p>

	months of life.	following: <ul style="list-style-type: none"> • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance
Well-Child Visits in the 3rd, 4th, 5th, and 6th Year of Life	At least one (1) well-child visit with a PCP during the measurement year for all patients who were 3–6 years of age as of December 31 st of the measurement year.	Documentation must include: A note by the PCP <ul style="list-style-type: none"> • Date of the well-child visit • Health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance

Adolescent Well-Care Visits	At least one (1) comprehensive well-care visit with a PCP or OB/GYN for all patients 12–21 years old by December 31 st of measurement year.	Documentation must include: <ul style="list-style-type: none"> • A note by the PCP or OB/GYN • Date of the well-care visit • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance
Adolescent Screening & Counseling	Adolescents 12–17 years old who receive comprehensive well-care visit with a PCP or OB/GYN should have the following seven components of preventive care during the measurement year: <ol style="list-style-type: none"> 1. BMI screening/percentile 2. Nutrition 3. Physical activity/exercise 4. Sexual activity & preventive actions 5. Depression 6. Risks of tobacco usage 7. Risks of substance abuse (including alcohol and drugs) 	Documentation in the medical record must include: <ul style="list-style-type: none"> • BMI calculation/percentile or graph (BMI percentile is required for 3–15 years old; BMI value is acceptable for 16–17 years old) • Notation of assessment, counseling, or education on both nutrition & exercise • Notation of assessment, counseling, or education on physical activity/exercise • Notation of assessment, counseling, or education on preventive actions and risk behaviors associated with sexual activity • Notation of an assessment for depression • Notation of assessment,

		<p>counseling, or education about the risks of tobacco use</p> <ul style="list-style-type: none"> • Notation of assessment, counseling, or education about the risks of substance abuse (including alcohol and drugs)
Weight Assessment and Counseling for Nutrition & Physical Activity for Children and Adolescents	<p>Children 3–17 years old who had an outpatient visit with a PCP or OB/GYN should have evidence of the following:</p> <ol style="list-style-type: none"> 1. BMI screening/percentile 2. Nutrition counseling 3. Physical activity counseling 	<p>Documentation in the medical record must include:</p> <ul style="list-style-type: none"> • BMI percentile documentation (BMI percentile is required for 3–15 years old; BMI value is acceptable for 16–17 years old) • Notation of counseling on nutrition • Notation of counseling on physical activity
Annual Dental Visit	<p>Children 2-21 years of age should have at least one dental visit during the measurement year 2.</p>	<p>Documentation in the medical record must include:</p> <ul style="list-style-type: none"> • Oral health risk assessments to identify known risk factors
Appropriate Testing for Children with Pharyngitis	<p>For children 2–18 years of age, a strep test/throat culture should be performed when a diagnosis of pharyngitis is made and antibiotics are prescribed.</p>	<p>Documentation in the medical record must include:</p> <ul style="list-style-type: none"> • Date the strep test/throat culture was performed and the result • Additional diagnosis (if any) during the same date of service
Appropriate Treatment for URI	<p>Antibiotics should not be prescribed for patients aged 3 months to 18 years with a diagnosis of URI.</p>	<p>Documentation in the medical record must include additional diagnosis (if any) during the same date of service</p>
Follow-Up Care for Children Prescribed ADHD Medication	<p>Children 6–12 years old who are prescribed ADHD medications should have at least 3 outpatient follow-up visits after the initial prescription:</p> <ol style="list-style-type: none"> 1. 1 follow-up visit within 30 days 2. 2 follow-up visits within 2 to 9 months after the initial prescription (one can be a telephone visit) 	<p>Documentation in the medical record must include the date on which the follow-up care occurred</p>
Follow-up after Hospitalization for Mental Illness	<p>Patients 6 years of age and older who were hospitalized during the year for mental health disorders should have follow-up visits by a mental health provider within 7 and 30 days of hospital discharge.</p>	<p>Documentation in the medical record must include:</p> <ul style="list-style-type: none"> • Date of follow-up visit • Documentation that visit was with a mental health provider
Adult BMI Assessment	<p>Patients 18–74 years old who had</p>	<p>Documentation in the medical</p>

	an outpatient visit should have evidence of BMI screening performed	record must include the BMI value and weight for members 18 years and older
Prenatal and Postpartum Care	<p>Prenatal Care: initial visit must be within first trimester</p> <p>Frequency of Prenatal Care: Every 4 wks during first 28 wks of pregnancy, every 2–3 wks until 36th wk of pregnancy, then every wk until birth. ACOG guidelines recommend 14 prenatal visits for a 40-wk gestation.</p> <p>Postpartum Care must occur between 21–56 days (3–8 wks) after delivery.</p>	Documentation in the medical record must include a note indicating the date on which the prenatal or postpartum visit occurred
Chlamydia Screening in Women	Sexually active women age 16–24 years old should be screened for chlamydia once a year.	<p>Medical record documentation must include both:</p> <ul style="list-style-type: none"> • Date the test was performed • Result of test
Cervical Cancer Screening	<p>For women age 21–64 years – 1 or more cervical cytology tests at least once every 3 years.</p> <p>For women age 30–64 years of age – 1 or more cervical cytology and HPV co-testing at least once every five years.</p>	<p>Medical record documentation must include both:</p> <ul style="list-style-type: none"> • Date cervical cytology and HPV test were performed • Result of test(s)
Breast Cancer Screening	Women age 50–74 should have a mammogram at least once every two years.	<p>Medical record documentation must include both:</p> <ul style="list-style-type: none"> • Date the mammogram was performed • Results of procedure
Colorectal Screening	<p>Patients age 50–75 should have 1 or more screening(s) done:</p> <ol style="list-style-type: none"> 1. Fecal occult blood (FOB) in the year 2. Flexible sigmoidoscopy in the last 5 years 3. Colonoscopy in the last 10 years 	<p>Documentation in the medical record must include both:</p> <ul style="list-style-type: none"> • A note indicating the date the colorectal cancer screening was performed; and • The results or finding
Comprehensive Diabetes Care	<p>For patients age 18–75 with diabetes:</p> <ol style="list-style-type: none"> 1. 1 or more HbA1c test(s) in the year. Result should be < 7 % 2. A screening for diabetic retinal disease in the year for members with diabetic retinopathy and every 2 years for members without diabetic retinopathy by an 	<p>Medical record documentation must include all of the following:</p> <ul style="list-style-type: none"> • Note that the HbA1c, nephropathy screening, dilated retinal eye exam, and BP check were performed • Date performed • Result of the test

	<p>optometrist or ophthalmologist</p> <p>3. Annual nephropathy screening</p> <p>a. Therapy with ACE inhibitor/ARB</p> <p>b. A test for microalbuminuria or documentation of existing macroalbuminuria or nephropathy</p> <p>4. Blood pressure control (< 140/90 mm/Hg)</p>	
Controlling High Blood Pressure	<p>Document BP reading every visit for patients 18 years old and over. BP reading is considered controlled:</p> <ul style="list-style-type: none"> • 18-59 years old whose BP was <140/90 mm Hg. • 60-85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. • 60-85 years of age without a diagnosis of diabetes whose BP <150/90 	<p>Documentation in the medical record must include both:</p> <ul style="list-style-type: none"> • Date the visit occurred • BP reading
Avoidance of Antibiotic in Acute Bronchitis	<p>Antibiotics should not be prescribed for patients ages 18–64 years with a diagnosis of acute bronchitis.</p>	<p>Documentation in the medical record must include additional diagnosis or comorbidities (if any) during the same date of service</p>
Antidepressant Medication Management	<p>Patients 18 years of age and older with a diagnosis of major depression must remain on medication for a minimum of 84 days and optimally at least 180 days.</p>	<p>Documentation in the medical record must include both:</p> <ul style="list-style-type: none"> • Date of follow-up visit to a mental health provider • Name and dose of the prescribed antidepressant
Care for Older Adults	<p>Patients 65 years old and older should receive the following:</p> <ol style="list-style-type: none"> 1. Advance care planning 2. Medication review 3. Functional status assessment 4. Pain assessment 	<p>Documentation in the medical record must include evidence of:</p> <ul style="list-style-type: none"> • Advance care planning • Medication list and review • Functional status assessment • Pain assessment
Medication Reconciliation	<p>Patients 65 years old and older should have medication reconciled within 30 days of discharge.</p>	<p>Documentation in the medical record must include medications prescribed at discharge or a notation that no medications were prescribed.</p>
Influenza Vaccine	<p>Patients 18 years of age and over or those with chronic illnesses or weak immune systems should receive an annual flu vaccine during the months of July to December.</p>	<p>Medical record documentation must include both:</p> <ul style="list-style-type: none"> • Date of administration • Specific antigen OR documentation of contraindication or patient refusal

Pneumococcal vaccine	Patients 65 years of age and over or those with chronic illnesses or weak immune systems should receive a pneumococcal vaccine at least once in their lifetime.	Medical record documentation must include both: <ul style="list-style-type: none"> • Date of administration • Specific antigen OR documentation of contraindication or patient refusal
HIV/AIDS Comprehensive Measures	All patients ages 2 and older with a diagnosis of HIV/AIDS should receive the following: <ol style="list-style-type: none"> 1. Engaged in Care – 2 outpatient visits for physician services of primary care or HIV-related care, on 2 different dates of service occurring at least 182 days (6 months) apart within the measurement year 2. Viral Load Monitoring – 2 viral load tests conducted on different dates of service at least 6 months apart within the measurement year 3. Syphilis Screening Rate – 1 syphilis screening test performed within the measurement year for members 19 years or older 	Medical record documentation must include: <ul style="list-style-type: none"> • Date of outpatient visits for physician services • Date the test was performed for viral load monitoring and syphilis screening • Results of tests
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Members 40 years of age and older with a new diagnosis of COPD or newly active COPD who received spirometry testing to confirm the diagnosis.	Medical record documentation must include: <ul style="list-style-type: none"> • Date of test • Result of test
Osteoporosis Management in Women	Women 67-85 years of age who suffered a fracture and who had to either a bone mineral density test or prescription for a drug to treat osteoporosis in the six months after the fracture.	Medical record documentation must include: <ul style="list-style-type: none"> • Date of test and result or • Name of prescription to treat osteoporosis
DMARD for Rheumatoid Arthritis	Members who with a diagnosis of rheumatoid arthritis need to be on a disease-modifying anti-rheumatic drug (DMARD).	Medical record documentation must include: <ul style="list-style-type: none"> • Name of prescription to treat rheumatoid arthritis.

**Please refer to NYSDOH website for further info/additional requirements.*

Appendix VII-B — Child/Teen Health Plan (C/THP) Guidelines and Immunization Schedule

The matrix displayed below generally follows recommendations of the Committee on Standards of Child Healthcare of the American Academy of Pediatrics. The contents of each exam are the recommended

Blood Pressure	*	*	*	*	*	*	*	*
PHYSICAL EXAMINATION	*	*	*	*	*	*	*	*
SENSORY SCREENING – Sight & Hearing	*	*	*	*	*	*	*	*
DEVELOPMENTAL & BEHAVIORAL ASSESSMENT	*	*	*	*	*	*	*	*
DENTAL CARE	*	*	*	*	*	*	*	*
COUNSELING and EDUCATION	*	*	*	*	*	*	*	*
IMMUNIZATION (See Guidelines)	*	*	*	*	*	*	*	*
SCREENING – GENERAL								
Hemoglobin and Hematocrit	+	+	+	+	+	+	+	+
Urinalysis (9)		*				*	*	*
SCREENING PATIENTS AT RISK								
Tuberculosis	+	+	+	+	+	+	+	+
Lead Screening	+	+	+					
Cholesterol screening	*	*	*	*	*	*	*	*
STI (including chlamydia) (10)						*	*	*
HIV (11)						*	*	*
Pelvic exam. (Pap smear) (12)						*	*	*
Testicular/Breast Examination (13)							*	*
<p>* = to be performed</p> <p>+ = risk assessment to be performed with appropriate action to follow, if positive</p>								

At each visit, a complete physical exam is essential, with infants totally unclothed, older children undressed or suitably dressed.

- Scheduling a visit to the dentist is recommended within six (6) months of the eruption of the first tooth and no later than the child's first (1st) birthday, then 2 times a year thereafter.
- See guidelines for immunization.
- At first encounter, obtain results of newborn screening tests for all children born in New York State.
- Performed during the 9th- to 10th-month visit and then repeated during the 23rd- to 25th-month visit (2 tests by age 2 years).
All menstruating adolescents should be screened annually.
- Testing should be done upon recognition of high-risk factors.
- Regardless of exposure risk, all children must be screened with a blood lead test at or around 12 months and 24 months of age. Elevated blood lead levels require evaluation and referral for appropriate follow-up services.
- Performed if family history is positive for early cardiovascular disease or hyperlipidemia.
- Conduct dipstick urinalysis for leukocytes for male and female adolescents.
- Screen at least annually if sexually active.

Blood pressure	* * * *	* * *	* * *
BMI	* * * *	* * *	* * *
Comprehensive exam	-----*-----	-----*-----	-----*-----
Tests			
Cholesterol	-----1-----	-----1-----	-----1-----
TB	-----2-----	-----2-----	-----2-----
GC, Chlamydia, Syphilis and HPV	-----3-----	-----3-----	-----3-----
HIV	-----4-----	-----4-----	-----4-----
Pap smear	-----5-----	-----5-----	-----5-----
Immunizations			
MMR	----*----		
Td	----*----	-----+-----	
Hep B	----*----	-----6-----	-----6-----
Hep A	-----7-----	-----7-----	-----7-----
Varicella	-----8-----	-----8-----	-----8-----

1. Screening test performed once if family history is positive for early cardiovascular disease or hyperlipidemia
2. Screen if positive for exposure to active TB or lives/works in high-risk situation; e.g., homeless shelter, healthcare facility
3. Screen at least annually if sexually active
4. Screen if high risk for infection
5. Screen annually if sexually active or if 18 years or older.
6. Vaccinate if high risk for hepatitis B infection.
7. Vaccinate if at risk for hepatitis A infection.
8. Vaccinate if no reliable history of chicken pox.
9. * Adolescents should have a complete physical examination during three of these preventive services visits. One should be performed during early adolescence (age 11-14), one during middle adolescence (age 15-17), and one during late adolescence (age 18-21), unless more frequent examinations are warranted by clinical signs or symptoms.
10. ** Includes counseling regarding sexual behavior and avoidance of tobacco, alcohol, and other drug use.
11. *** Includes history of unintended pregnancy and STD.

12. **** A parent health guidance visit is recommended during early and middle adolescence.

13. +- Do not give if administered in last five years.

Appendix VII-D — Primary Care Provider Behavioral Health Screening Tool

****This questionnaire is intended exclusively as a screening device and is NOT a substitute for a complete Behavioral Health evaluation and assessment. All answers will remain confidential.**

	QUESTION	YES	NO
I	1. Over the past month, have you had decreased interest or pleasure in doing things that you usually enjoy?		
	2A. Over the past month, have you been feeling down or depressed?		
	2B. If yes, rate your mood most of the time over the past month, on a scale of 1 to 10 (1 = worst, 10 = best mood)		
	3. Over the past month, has there been a change in your sleeping or eating habits or energy level, without any obvious explanation?		
	4. Do you ever think about harming yourself or feel you might be better off dead?		
II	5. Over the past month have you experienced feelings of helplessness, hopelessness, or worthlessness?		
	6A. Over the past month, have you often felt very nervous or anxious or have you been worrying about things for no good reason?		
	6B. If yes, rate how anxious or nervous you felt most of the time, on a scale of 1 to 10 (1 = highly anxious, 10 = relaxed).		
	7. In the past month, have you had an anxiety attack (suddenly felt fear or panic)?		
III	8. Over the past month, have you ever had recurrent thoughts or rituals that interfere with your daily activities or make them difficult to complete?		
	9A. Have you ever felt you ought to cut down on your drinking?		
	9B. Have people annoyed you by criticizing your drinking?		
	9C. Have you ever felt bad or guilty about your drinking?		
	9D. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?		
	10A. Do you ever use illegal drugs?		
	10B. Approximately how often?		
	10C. What kind of drugs do you use?		
11. Has drinking or drug use ever interfered with work, home, school, or family responsibilities?			
IV	12A. In the last three months, have you done any of the following to avoid gaining weight?		
	12B. Intentionally made yourself vomit?		
	12C. Taken laxatives regularly or excessively?		
	12D. Fasted for over 24 hours, for no other reason?		
	12E. Exercised excessively, for more than an hour at a time?		
	13A. In the past three months, have you ever had an episode of binge eating?		
V	13B. If yes, approximately how many episodes have you experienced?		
	13C. Approximately how often have you experienced them?		
	14. Over the past month, has there ever been a time when you heard voices when no one else was around or seen things that no one else saw?		
	15. During the past month, have you ever had thoughts or feelings that someone wanted		

	to hurt you or is out to get you?		
16.	Do you believe that you have any special powers?		

Patient's Name: _____

DOB: _____

Today's Date: _____

Primary Care Provider Behavioral Health Screening Tool Scoring Guide

Questions 4 and 14, if answered in the affirmative, require immediate referral for urgent or emergent evaluation.

Section I

Depression questions 1–5:

Any three (3) or more questions answered in the affirmative or any two (2) or more questions answered in the affirmative with a mood severity rating of < 4 should be referred for further evaluation.

Section II

Anxiety/Panic/OCD questions 6–8:

Any two (2) questions or more answered in the affirmative or any one (1) question answered in the affirmative with an anxiety severity rating of < 4 should be referred for further evaluation.

Section III

Substance & Alcohol Use/Abuse questions 9–11:

Any two (2) or more questioned answered in the affirmative should be referred for further evaluation. Referral should also be made based on the severity assessment screening questions.

Section IV

Eating Disorders questions 12–13:

Any three (3) or more questions (question 12 counts as 4 questions) answered in the affirmative should be referred for further evaluation. Referral should also be made based on the severity assessment screening questions.

Section V

Perceptual Abnormalities/Psychotic Symptoms questions 14–16*:

Any two (2) or more questions answered in the affirmative should be referred for further evaluation.

If the total number of questions answered in the affirmative is equal to or greater than 10, regardless of the distribution/specific question answered or the severity reported, the patient should be referred for further evaluation.

Appendix VII-E Healthfirst Wellness Reward Card - PHSP

The **Healthfirst Wellness Reward Card Program** is a way for Healthfirst members to earn rewards for taking care of themselves. The program is available to Healthfirst Medicaid and Child Health Plus members. Members can qualify for reward cards by completing selected preventive screenings and health initiatives, such as well child visits, health risk assessments, mammograms, medication adherence and colorectal screenings. Members can fill out a form and mail or fax the form back to Healthfirst. Providers must submit the correct claims in order for the members to be approved for a reward card.

Please click these links to download the Reward Card form -

[2015 PHSP Reward Card Form_English.pdf](#)

[2015 PHSP Reward Card Form_Spanish.pdf](#)

[2015 PHSP Reward Card Form_Chinese.pdf](#)

Appendix VII-F Healthfirst Wellness Reward Card - Medicare

The **Healthfirst Wellness Reward Card Program** is a way for Healthfirst members to earn rewards for taking care of themselves. The program is available to Healthfirst Medicare members. Members can qualify for reward cards by completing selected preventive screenings and health initiatives, such as health risk assessments, flu shot, medication adherence and colorectal screenings. Members can fill out a form and mail or fax the form back to Healthfirst. Providers must submit the correct claims in order for the members to be approved for a reward card.

Please click these links to download the Reward Card form -

[2015 Medicare Reward Card Form_English.pdf](#)

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