El Paso Health

HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

Medical Record Review Provider Training

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History

- Each visit must contain
  1) Initial health history **or**
  2) Interim history for subsequent checkups
     - ➢ Include additional information that would impact current checkup such as:
       - ❑ Visits to hospitals
       - ❑ Visits with other providers or Specialists
       - ❑ Visits to Radiology or outpatient facilities

Note: History may also include nutrition and physical activity behaviors

Mental Screening

- Behavioral, social, and emotional development documentation required at each visit.
  - Document any Psychosocial/Behavioral issues **or** if child is receiving therapy **or** counseling.
  - If the child is in treatment (please document), a mental screening is not required.

1) Birth and up to Infant's First Birthday: screening mothers for postpartum depression recommended using a validated screening tool.
   - Edinburgh Postnatal Depression Scale (EPDS)
   - Postpartum Depression Screening Scale (PPDS)
   - Patient Health Questionnaire (PHQ-9)

2) Ages 12 through 18 years of age: Mental health screening is recommended annually using a validated screening tool. (see next slide)

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Validated, Standardized Mental Health Screening Tools

- Pediatric Symptom Checklist-17 (PSC-17)
- Pediatric Symptom Checklist-35 (PSC-35)
- Pediatric Symptom Checklist for Youth (Y-PSC)
- Patient Health Questionnaire (PHQ-9)
- Patient Health Questionnaire Modified for Adolescents

  (PHQ-A[depression screen])
- Patient Health Questionnaire Modified for Adolescents

  (PHQ-A[anxiety, eating problems, mood problems and substance abuse])
- Car, Relax, Alone, Forget, Family, and Trouble Checklist (CRAFFT)
- Rapid Assessment for Adolescent Preventive Services (RAAPS)

Tuberculosis

- Annually beginning at 12 months of age
- Use of TB Questionnaire tool with documented results
- Tuberculin Skin Test when indicated

Development

9, 18, and 24 months, 3 and 4 years:

- Use of standardized tool required:
  - ASQ (Ages & Stages Questionnaires)
  - PEDS (Parents' Evaluation of Developmental Status)
  - ASQ:SE (Ages & Stages Questionnaires; Social/Emotional)
  - SWYC (Survey of well-being of Young Children)

6 months to 6 years:

- Review of milestones at all checkups
  - "Developing appropriately" or "normal development" accepted

Autism

- MCHAT or MCHAT R/F **required at 18 and 24 months**.
- Should also be completed at 30 months **if**:
  - not completed at 24 months or
  - if there is a particular concern

Nutrition

- Identify and address nutritional issues or concerns at each visit.
- Assess dietary practices to identify eating habits or possible eating disorders
- Referral for WIC may be documented here

Immunizations

- Providers **must assess the immunization status** of clients **at every medical checkup**
- Vaccines must be administered if needed.
- Examples of acceptable documentation:
  - Documentation within the Individual shot record
  - Documentation entered in IMMTRAC
  - “Immunizations up to date”
  - “Administered immunization (name)”

Blood Testing

- **Anemia**:
  - Required at 12 months
  - Document hemoglobin or hematocrit levels.
- **Lead**:
  - Blood lead testing required at 12 and 24 months
  - *ALL BLOOD LEAD LEVELS in clients who are 14 yrs of age or younger must be reported to DSHS Texas Childhood Lead Poisoning Prevention Program (TXCLPPP).*

1-800-588-1248 or www.dshs.texas.gov/lead/providers.shtm

- **Newborn:**
  - The initial newborn screen specimen is obtained at the hospital.
  - A second screen is to be obtained between one and two weeks of age.

Risk Based Screenings

- **Required** at each visit--starting at 24 months—
  - document referral for risk based test(s) or
  - decision *not* to complete specific test(s) for the following
  - "not at risk for Diabetes" or "Referral for Diabetes testing"

Laboratory Test	Screenings performed based on risk assessments	Mandatory Testing Required regardless of risk
Dyslipidemia (Cholesterol/HDL or Lipid Profile)	24 mo to 20 yrs	Once at 9-11 yrs and Once at 18-20 yrs
Diabetes (Glucose)	10 yrs to 20 yrs	
STD (RPR, HIV, Gonorrhea/Chlamydia)	11 yrs to 20 yrs	
HIV (HIV)	11 yrs to 20 yrs	Once at 16-18 yrs

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Physical Examination

- Complete physical exam to include measurements and **percentiles** *(must be of numerical value)*. Growth charts should be included.
  - Length (newborn to 30 mo) or height (3 to 20 yrs) and weight
  - Fronto-occipital circumference through the first 24 mo
  - Body mass index (BMI) and percentiles calculated beginning at 2yrs
  - Blood pressure beginning at 3 yrs
- BMI percentiles cannot be indicated with either of the following:

  "↑" "↓" "High" "Low"

Vision and Hearing

- **Vision:**
    1) Visual acuity test at ages indicated on the periodicity schedule and results should be documented. (3,4,5,6,8,10,12,15,18 years of age)

    2) Subjective screening through provider observation or informant report is done at the other checkups.

- **Hearing**:
    1) Audiometric screening at ages indicated on the periodicity schedule and results should be documented. (4,5,6,8,10,15 years of age)

    2) Subjective screening through provider observation or informant report is done at the other checkups.

    3) Review all newborn hearing screening results with the parent or caregiver at the first checkup and determine if any additional follow up is necessary

Anticipatory Guidance

- Age appropriate health education and anticipatory guidance documented at every visit.

  (Documentation of diet/exercise should start at 2 yrs.)

Dental

- Clients must be referred to establish a dental home **beginning at 6 months of age**
- Subsequent referrals must be made until the parent confirms that a dental home has been established
- Examples of acceptable documentation may include:
  - “referral to dentist”
  - “seen 2 months ago at Dentist ABC”
  - “assessment performed-results…..”
  - “Fluoride varnish applied”

Return Visit

- Documentation must include time-frame for the next preventive visit **according to the periodicity schedule**.
  - Cannot be PRN

- Examples of acceptable documentation may include:
  - "Return at 18 months" if seen at age 15 months
  - "Return after next birthday" if age 3 years and older

Referrals

- **Abnormal Findings**
  - If a member has an abnormal finding (e.g., hearing/vision):
    - documentation must indicate a referral or
    - explain why a referral is unnecessary.
- **ECI referrals**
  - A referral to ECI can be based on professional judgment or a family's concern.
  - A medical diagnosis or a confirmed developmental delay is not needed to refer.
  - As soon as a delay is suspected, children may be referred to ECI, even as early as birth.
  - Refer from birth to 36 months of age

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Language and literacy skills

• Social Determinants of Health

- Address social determinants
- Connect patients with support resources
- Screening tools:

  1) Your Current Life Situation (YCLS) Survey

  2) Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE)

  3) CMS Accountable Health Communities Health-Related Social Needs (HRSN)
- Utilize supplemental diagnosis codes (not admitting or principal diagnosis codes) to help with care coordination and quality improvement initiatives

Miscellaneous

- **Screening Results:**
  - Documented test or screening results obtained within the following timeframes are accepted:
    - 2 yrs or younger -> results within preceding 30 days
    - 3 yrs and older -> results within preceding 90 days
  - Results must include the dates of service and one of the following:
    1) A clear reference to the previous visit by the same provider
    2) Results obtained from another provider

- **Unable to Complete a Component:**
  - If a component can't be completed……document why.
  - A plan to complete the component(s), if not due to reasons of conscious or parental concerns, must be included in the documentation.

An incomplete checkup is subject to recoupment unless there is documentation to support why the component was not completed as part of the checkup.

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Health Plan
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