

## 19 PUBLIC HEALTH REPORTING REQUIREMENTS

### 19.1 *THE COMPENDIUM OF PUBLIC HEALTH REQUIREMENTS AND RECOMMENDATIONS (New York City Providers Only)*

*The Compendium of Public Health Requirements and Recommendations* from the New York City Department of Health and Mental Hygiene (NYCDOHMH) includes all of the important public health reporting requirements as well as instructions on using on-line reporting forms. It also contains additional information on the Nurse Family Partnership, extensive web-based resources and additions of NYCDOHMH City Health Information Provider Newsletter on public health topics. This compendium can be found at <http://www.nyc.gov/html/doh/html/hca/compendium-index.shtml> .

### 19.2 *PUBLIC HEALTH AGENCIES (MEDICAID)*

Plan Medicaid members cannot be prohibited from self-referring to public health clinics. If and when a member obtains services from a FQHC or Public Health Clinic that is not in the Plan's network of providers, Plan must reimburse the FQHC or Public Health Clinic for services rendered when treated for issues deemed as Public Health Services which includes:

- ✧ Tuberculosis Screening, Diagnosis and Treatment;
- ✧ (TB/DOT)
- ✧ Immunizations
- ✧ Prevention and Treatment of Sexually Transmitted Diseases
- ✧ Lead Poisoning – MMC Program Only
- ✧ Dental Services – MMC program Only

The Plan will make the best effort to negotiate fees for these services. If no agreement is reached, Plan agrees to reimburse the FQHC and/or the Public Health Clinic for these services at rates determined by the New York State Department of Health (NYSDOH).

However, the Plan prefers that members receive diagnosis and treatment of tuberculosis, for example, through the Plan. Case management is available to documented TB cases. The PCP needs to request this service from the Plan's Care Coordination line. The Plan has experienced specialists available in-network for consultation or treatment, including the following:

- ✧ Infectious diseases specialists, both for adults and pediatrics
- ✧ AIDS Designated Centers for members with AIDS and TB, and
- ✧ Inpatient and outpatient rehabilitation for members dually diagnosed with TB and alcoholism.

PCPs are required to focus on preventive measures, as well as identify public health problems regarding changes in incidence or unusual occurrences and report them to New York City Department of Health and Mental Hygiene (NYCDOHMH) or in Suffolk to the New York State Department of Health (NYSDOH) on the indicated form in Tab # 23 of the Appendix section. The Plan also requests that public health clinics give notification before delivering services.

### **19.3 REPORTABLE/COMMUNICABLE DISEASES AND CONDITIONS**

Participating providers must report information to the local health department in accordance with existing State and local laws and regulations. Providers must report communicable diseases and certain conditions to the New York City Department of Health and Mental Hygiene or if in Suffolk County the New York State Department of Health in compliance with the New York State Sanitary Code and New York City Health Code. The diseases and conditions that must be reported include: AIDS, Parasitic diseases, Sexually transmitted diseases, Tuberculosis, Vaccine preventable diseases, other reportable diseases, Poisonings (drugs, lead or other toxic agents), Injuries (animal bites and falls) and outbreaks. See form in Tab #23 of the Appendix section. For assistance:

In New York City:

Call the New York City Department of Health and Mental Hygiene Communicable Disease Program at 212-788-9830. Or, for the current reportable disease list see their web site: [www.ci.nyc.ny.us/health](http://www.ci.nyc.ny.us/health)

In Suffolk County:

Call the Suffolk County Department of Health Communicable Disease Program at 1-631-787-2200. Or, for the current reportable disease list, see their web site:

<http://www.health.state.ny.us/professionals/diseases/reporting/communicable/>

### **19.4 SEXUALLY TRANSMITTED DISEASE (STD) SERVICES**

The Plan asks that all providers assure timely and accurate required reporting of sexually transmitted diseases (STD). If your office provides STD screening, diagnosis and treatment and you provide services in New York City, please do so in a manner consistent with the New York City Department of Health and Mental Hygiene (NYCDOHMH) protocols or if you provide services in Suffolk County follow the New York State Department of Health (SDOH) protocols. Inform members that confidential STD services are available through the NYCDOHMH or SDOH for non-enrolled sexual and needle sharing partners at no charge. Use screening protocols based on NYCDOHMH or SDOH recommendations for asymptomatic patients seen for prenatal, family planning, and emergency services and for high-risk patients. Screen and treat

Plan members in a manner consistent with requirements for high priority STDs and STD outbreaks. Use New York State Department of Health or equivalent STD treatment guidelines. Assure that known contacts are appropriately advised. Use NYCDOHMH or SDOH approved protocols for evaluation of sexual and needle-sharing partners of STD infected members. Provide STD related health education and risk reduction information to members.

Recommendations of the 1996 U.S. Preventive Services Task Force concerning screening for STDs can be found at the web site [www.ahcpr.gov](http://www.ahcpr.gov). This web site provides the latest available recommendations on preventive intervention, screening tests, counseling, immunizations and chemoprophylactic regimes for more than 80 conditions including Chlamydial infection, genital herpes simplex, Gonorrhea, HIV and Syphilis.

### **19.5 MATERNAL & CHILD HEALTH – EARLY INTERVENTION & INFANT- CHILD HEALTH ASSESSMENT PROGRAM (I-CHAP)**

The Plan asks that providers assure timely and accurate reporting of information on infants and children with, or at risk for, developmental delay or disability. Provide appropriate developmental screening and assessment to at-risk members up to three years of age and ensure that necessary referrals are made. For information about referring a child for early intervention or for Infant-Child Health Assessment program, in New York City call 1-800-577-2229 or in Suffolk County call 1-631-853-3100. If you need assistance in referring a member for early intervention services, call the Plan's Care Coordination Department and ask to speak with a Case Manager.

### **19.6 IMMUNIZATION**

In the City of New York, Physicians must comply with mandated reporting requirements regarding reporting immunizations to the Citywide Online Immunization Registry. The Plan asks that providers assure timely and accurate reporting to the New York City Immunization Registry on immunization records of members. Screen pregnant women for Hepatitis B, report positive findings to the New York City Department of Health and Mental Hygiene, vaccinate exposed infants and household contacts in a timely manner and provide post vaccine testing to document protection. To request free on-site training and set up, please call 1-212-676-2323.

### **19.7 DOMESTIC VIOLENCE**

Health care providers are often the first people called upon for help by victims of domestic violence, yet many cases either remain unrecognized or do not receive safe and timely intervention. The Plan recommends screening for domestic violence in all new patient visits, annual follow-up visits, or when domestic violence is suspected (inclusive of domestic violence occurring in a same sex relationship.)

The New York State Office for the Prevention of Domestic Violence has published “Domestic Violence Intervention – A Guide for Health Care Professionals.” This convenient reference guide helps practitioners recognize domestic violence and elicit information from victims, document findings and preserve evidence in ways that can be useful to victims, and give practical and compassionate support that empowers victims and keeps them safe.

You can offer patients the following Domestic Violence hot line numbers:

NYC -1-800-621- 4673 (English & Spanish)

NYC Gay & Lesbian Anti-Violence Project hot line: 212-714-1141 (English and Spanish)

National Domestic Violence Hotline: 1-800-799-SAFE (7233) or TTY

1-800-787-3224.

Suffolk County Coalition Against Domestic Violence: 1-631-666-7181

24-hour hotline: 1-631-666-8833

**The Plan has a Domestic and Intimate Partner Violence Advocate. If you need assistance or wish to refer a Plan member the advocate can be reached at 917-542-8089, Monday through Friday, from 9 a.m. to 5 p.m.**

## **19.8 HIV / AIDS**

Plan PCPs must provide primary care to members with HIV/AIDS in compliance with the AIDS Institute’s Protocols for the Care of HIV/AIDS in Adults, Adolescents and Children. In the event that a PCP feels that a specialty referral is needed for consultation or care of a particular condition related to HIV/AIDS a referral is made as would be for any other specialty.

The Plan maintains a list of providers with HIV/AIDS care experience. Providers with HIV experience are encouraged to notify the Plan to ensure that the list is up to date. The list is made available to members who are seeking a provider with HIV/AIDS experience.

PCPs may request that a specialist be assigned as the PCP in circumstances where the patient’s HIV/AIDS status so warrants. A Prior Approval by the Plan’s Chief Medical Officer is required. The Plan’s Chief Medical Officer is responsible for the decision regarding the request.

The Plan asks that all providers assure timely and accurate required reporting of HIV/AIDS information. If you or your staff does HIV counseling and testing, please assure that the staff receives State Department of Health approved training. If you or your staff does HIV counseling and testing, please provide the services based on State Department of Health protocols for patients seen for prenatal, drug treatment, family planning, TB/STD treatment, and for all other high-risk patients. All providers should use

the AIDS Institute protocols and procedures for patient evaluation.

Please provide your members with HIV related health education and risk reduction materials.

Please encourage your members to seek HIV counseling and testing and let your members know that they can receive anonymous testing and counseling for HIV/AIDS at any Medicaid provider. For more information, your members can call the New York City Department of Health and Mental Hygiene anonymous testing and counseling phone line at 1-800-TALK-HIV or 1-212-447-8200. For Rapid HIV testing guidelines please refer to the Appendix, Tab 37.

If you would like to refer an HIV member to the Plan's Case Management program, you may contact the Care Coordination Department and ask about our Case Management Program.

The New York State Department of Health also has resources:

- ✧ Non-business hours HIV Counseling Hotline at 1-800-872-2777
- ✧ AIDS Hotline (taped general information) at 1-800-541-2437
- ✧ Confidentiality Law Hotline at 1-800-962-5065
- ✧ AIDS Drug Assistance Program at 1-800-542-2437

The Plan has an obligation to inform MMC members newly diagnosed with HIV infection or AIDS, and are known to the Plan of their enrollment options including the ability to disenroll from the Plan's MMC product and to enroll into HIV SNPs, if such plan is available.

## **19.9 CHILD ABUSE**

Physicians must comply with mandated reporting requirements regarding suspected instances of child abuse. Refer cases by calling 1-800-342-3720.

## **19.10 TUBERCULOSIS (TB)**

Participating providers should offer counseling for TB patients and families concerning household precautions. A phone number is available for treating physicians to report a case or obtain information on TB patients. By law, suspected or confirmed tuberculosis must be reported to the TB Control Program within 24 hours of diagnosis. All routine follow-up visits must also be reported. Contact the TB Control Program for the following:

- ✧ Reporting: Reporting is mandated for all suspected or confirmed cases of tuberculosis. Report by telephone or use the TB Case Report, form TB-76. To report follow-up outpatient visits, use the Report of Patient Services, form TB-65.

- ✧ Patient Information: The Health Department maintains a confidential registry of patients with active TB, their treatment histories, and the results of their drug susceptibility tests.

Call 212-788-4162 to report a TB case.

Call 631-853-7243 to report a TB case in Suffolk County.

Outreach provides follow-up for patients with suspected or confirmed tuberculosis. This unit will:

- ✧ Educate patients.
- ✧ Monitor TB patients and contacts from diagnosis until cure.
- ✧ Identify contacts and perform tuberculin skin testing when necessary. Return non-adherent patients to care.

Please note that Medicaid Managed Care/FHP members can self refer to public health clinics for the diagnosis and treatment of tuberculosis. The Plan reimburses public health clinics when physician visit and patient management or laboratory and radiology services are rendered to Plan members, within the context of TB diagnosis and treatment. Plan reimburses the public health clinics for these services at DOHMH contracted rates.

### **Directly Observed Therapy (DOT)**

With directly observed therapy (DOT), a trained health worker observes the patient take anti-TB medication. Ideally, all patients should receive all their anti-TB medication through a DOT program. DOT can be provided anywhere: at chest clinics, at community sites, at home, or in the workplace.

Information: Call the regional outreach office in your area or 212-442-9777 for current information on the DOT program and to arrange DOT for your patient.

Referral: Rapid referral can be made to DOT programs that take into account your patient's medical conditions and sites that are most convenient and accessible. Call the regional outreach office in your area or call 212-442-5100 (TB Control).

A Plan Case Coordinator is available to assist providers with referring their TB patients to an authorized DOT program and with following up with patients who miss visits. If you need assistance with your Plan patients who have TB, please call Care Management. Someone will assist you in coordinating DOT services for your Plan patients, as needed.

### **19.11 PEDIATRIC INJURY & VIOLENCE PREVENTION**

Providers can obtain the recommendations of the American Academy of Pediatrics for injury and violence prevention among children via their web site at [www.aap.org](http://www.aap.org)

### **19.12 CHILD/ADOLESCENT WELL CARE SERVICES**

The Plan recognizes the need for its members to obtain well care services. Please remember that children between the ages of 1 - 12 months should receive at least six (6) well child visits, including immunizations, children from 12 - 24 months should continue to receive their required immunizations as well as lead testing by their 2nd birthday. All well child visits from birth through the 3rd year should include documentation of the child's head circumference. Children from the ages of 3 -21 years of age are required to receive one Well Visit each calendar year. A well visit includes:

- ✧ Physical exam
- ✧ Health, Mental and physical development history and
- ✧ Anticipatory guidance. For adolescents this includes yearly Alcohol, drug and tobacco screening and counseling.

If a child under 12 has not had a complete well care visit during the calendar year and presents for an urgent/sick visit, make a specific appointment for a well care visit within the next 4 weeks. If a child less than 12 presents twice in a row for an urgent/sick visit, complete all three components of a well care visit, as well as providing urgent care. Complete all three components of a well care visit any time an adolescent presents for care. Ask sexually active adolescents if they would like to be tested for HIV.

### **19.13 CHILD TEEN HEALTH PROGRAM / ADOLESCENT PREVENTIVE SERVICES**

Plan Participating Providers must comply with the Child Teen Health Program/ Adolescent Preventive Services (C/THP) program standards and therefore must educate enrollees, under 21 years of age, who are pregnant or parents of enrollees under age 21 about the program and its importance to a child's or adolescent's health.

The aim of the C/THP is to achieve the best possible physical, intellectual, and emotional status of individuals under the age of 21 by providing services that are high quality, accessible, and acceptable to youth.

Clinical services include but are not limited to:

- ✧ Preventive services (such as Guidelines for Adolescent Preventative Services);
- ✧ Health history and individual risk assessment;

- ✧ Physical examinations;
- ✧ Screening for selected health problems;
- ✧ Primary care for common and acute illnesses and psychosocial problems;
- ✧ HIV and STD education, and voluntary counseling and testing;
- ✧ Management of selected chronic diseases;
- ✧ Health education materials, information, and referrals for other health and psychosocial services;
- ✧ Oral health assessment and referral;
- ✧ Immunizations;
- ✧ Counseling;
- ✧ Health promotion and risk reduction services; and
- ✧ Case management, including follow-up.

Non-clinical services include but are not limited to:

- ✧ Health education;
- ✧ Screening/case finding services;
- ✧ Referral for primary care/specialty care; and
- ✧ Community awareness.

#### **19.14 LEAD SCREENING, TESTING & REPORTING**

Plan providers must follow protocols for lead screening, testing and reporting consistent with the Public Health Law and regulations:

- ✧ Screen/assess all children aged 6 months up to 6 years at each well child visit or at least annually for exposure to high dose lead.
- ✧ Test all children aged 1 and 2 years and all children up to age 6 who have not been previously tested.
- ✧ Test all children aged 6 months to 6 years found to be at high risk for high dose lead exposure and provide anticipatory guidance on prevention, risk reduction and nutrition at each well visit.
- ✧ Blood lead levels of 10 mcg/dL or greater for all NYC residents must be reported within 24 hours:
  - For children younger than 18 years of age, fax to (212) 676-6326.

- For pregnant women, fax to (212) 676-6188.
- For adults, fax to (212) 788-4299.
- After business hours doctors should call (212) POISONS.

Now available - Blood Lead Test Reporting via the Online Registry!

See the New York City Department of Health and Mental Hygiene web page at [www.ci.nyc.ny.us/health](http://www.ci.nyc.ny.us/health) or the Suffolk County Department of Health web page for more at [www.co.suffolk.ny.us/departments/healthservices.aspx](http://www.co.suffolk.ny.us/departments/healthservices.aspx) for more detailed information and for latest updates.

