

19 PUBLIC HEALTH REPORTING REQUIREMENTS

19.1 PUBLIC HEALTH AGENCIES (MEDICAID)

SHP 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 SHP's network of providers, SHP 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

SHP will make the best effort to negotiate fees for these services. If no agreement is reached, SHP agrees to reimburse the FQHC and/or the Public Health Clinic for these services at rates determined SDOH.

However, Suffolk Health Plan prefers that members receive diagnosis and treatment of tuberculosis, for example, through SHP. Case management is available to documented TB cases. The PCP needs to request this service from the SHP Care Management line (**1-800-250-5007**). SHP 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 State Department of Health (SDOH) on the form in the Appendix. SHP also requests that public health clinics give notification before delivering services.

19.2 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 State Department of Health in compliance with the New York State Sanitary 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. For assistance, 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/>

19.3 SEXUALLY TRANSMITTED DISEASE (STD) SERVICES

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

19.4 MATERNAL & CHILD HEALTH– EARLY INTERVENTION & INFANT- CHILD HEALTH ASSESSMENT PROGRAM (I-CHAP)

SHP 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 Suffolk County call 1-631-853-3100. If you need assistance in referring a member for early intervention services, call SHP at 800-250-5007 and ask to speak with a Case Manager.

19.5 IMMUNIZATION

In the event of an adverse reaction from the administration of a vaccine, all physicians are required to file a report using the Vaccine Adverse Event Reporting System (VAERS) form.

It may be obtained by calling 1-800-822-7967 or accessing the following Web sites:

- ✧ Federal CDC Web site at: www.cdc.gov/nip.
- ✧ VAERS Web site at: <http://vaers.hhs.gov>.
- ✧ Food and Drug Administration Web site at: www.fda.gov/cber/vaers/vaers.htm.

Doctors must report to the county, city or district health office in which the person resides, if the vaccine used was purchased with public funds.

If the vaccine was purchased with private funds, the physician must report to:

Vaccine Adverse Event Reporting System
PO Box 1100, Rockville,
MD 20849-1100

19.6 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. SHP 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. To request a copy of this guide, please call 1-808-4775 and ask to speak with a Provider Relations Representative.

The New York State Office for the Prevention of Domestic Violence provides domestic violence training for health care and mental health providers. To request training, call 1-518-486-6262.

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

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

In addition, SHP has a staff member who is the Plan's "Domestic Violence Coordinator." If you need the Domestic Violence Coordinator's assistance or wish to refer a SHP member for assistance, please call the SHP Care Management Department at 1-800-250-5007.

19.7 HIV/AIDS

Suffolk Health Plan's 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.

SHP maintains a list of PCPs 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. The list could also be used by a provider who was working with a patient to plan an appropriate change of PCP.

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 Request form is completed by the PCP and submitted to the Plan's Chief Medical Officer. The SHP Chief Medical Officer is responsible for the decision regarding the request.

SHP 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 State Department of Health and Mental Hygiene HIV/AIDS Hotline:

English 1-800-541-AIDS (541-2437)

Spanish 1-800-233-SIDA (233-7432)

To Learn About Free, Anonymous HIV Counseling and Testing in Your Region, Call

1-800-462-6786. For Rapid HIV testing guidelines please refer to Appendix tab 42.

If you would like to refer an HIV member to SHP Case Management, they may contact the Care Management Department at 1-800-250-5007 to ask about our Case Management Program.

Other New York State Department of Health resources:

- ✧ Non-business hours HIV Counseling Hotline at 1-800-872-2777
- ✧ Confidentiality Law Hotline at 1-800-962-5065
- ✧ AIDS Drug Assistance Program at 1-800-542-AIDS

SHP has an obligation to inform MMC members newly diagnosed with HIV infection or AIDS, and are known to SHP, of their enrollment options including the ability to return to the Medicaid fee-for-service program or to disenroll from the SHP's MMC product and to enroll into HIV SNPs, if such plan is available.

19.8 CHILD ABUSE

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

19.9 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 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. SHP reimburses public health clinics when physician visit and patient management or laboratory and radiology services are rendered to SHP members, within the context of TB diagnosis and treatment. SHP 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 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.

A SHP 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 SHP patients who have TB, please call Utilization Management at 1-800-250-5007. Someone will assist you in coordinating DOT services for your SHP patients, as needed.

19.10 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

19.11 CHILD/ADOLESCENT WELL CARE SERVICES

SHP 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.

19.12 CHILD TEEN HEALTH PROGRAM / ADOLESCENT PREVENTIVE SERVICES

SHP 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.

19.13 LEAD SCREENING, TESTING & REPORTING

SHP 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.
- ✧ Report all venous blood levels of $\geq 20\text{mcg/dl}$ and all capillary or venous lead levels of $\geq 45\text{mcg/dl}$ to the NY Regional Poison Control Center at **800- 222-1222**.

See the Suffolk County Department of Health web page for more detailed information and for the latest updates at www.co.suffolk.ny.us/departments/healthservices.aspx