



Early and Periodic Screening, Diagnostic, and Treatment Provider Toolkit



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The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for Medicaid eligible individuals under the age of 21 and PeachCare for Kids® eligible members up to 19 years of age.

EPSDT was defined by law as part of the *Omnibus Budget Reconciliation Act of 1989* and requires states to cover all services within the scope of the federal Medicaid program. The intent of the EPSDT program is to focus on early prevention and treatment so that health problems are averted or diagnosed and treated as early as possible. The EPSDT Program provides reimbursement for preventive health services, interperiodic visits, developmental screenings, brief emotional/behavioral assessments, hearing and vision screenings, and immunizations under the EPSDT benefit.

What is EPSDT?

Early and **P**eriodic **S**creening, **D**iagnosis, and **T**reatment

Services include:

- Screening.
- Diagnosis and treatment.
- Transportation and scheduling assistance.

Screening components must include:

- Comprehensive health and developmental history (inclusive of both physical and mental health).
- Comprehensive unclothed physical exam.
- Appropriate immunizations.
- Laboratory tests.
- Lead toxicity screening.
- Health education, including anticipatory guidance.
- Oral health assessments.
- Measurements (BMI percentile, weight, length/height, etc.)
- Vision services.
- Dental services.
- Hearing services.
- Developmental and behavioral screenings.
- Other necessary health care — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.

Schedules used to determine when EPSDT preventive services are due:

- American Academy of Pediatrics Bright Futures Periodicity Schedule
- CDC and Prevention Advisory Committee on Immunization Practices (ACIP) immunization recommendations schedule
- The American Academy of Pediatric Dentistry (AAPD) Periodicity Schedule for Dental Services

Our EPSDT program from Amerigroup Community Care supports the individual state plan by:

- Providing a repository to house EPSDT data.
- Mailing annual preventive care recommendations to members.
- Mailing reminders to members to schedule appointments.
- Providing member incentives to become compliant with EPSDT screenings.

Our EPSDT program includes additional member outreach activities and case management, as well as a provider pre service report.

For more information about the EPSDT requirements, please refer to the Georgia Department of Community Health's Health Check Program at <https://dph.georgia.gov/childrens-health/health-check-program>.

If you have questions, contact your local provider relationship management representative or call Provider Services at **800-454-3730**.



EPSDT and HEDIS

What is HEDIS?

Healthcare Effectiveness Data and Information Set® (HEDIS) is a tool developed by NCQA to measure performance of the care and services provided to our members.

To keep ourselves accountable to the Department of Community Health (DCH), you, and our members, we compare our performance against benchmarks for certain quality performance measures.

These performance measures are a contractual requirement with the DCH and may also be utilized for public reporting by agencies, such as the DCH and NCQA.



How do EPSDT visits compare to HEDIS measures?

Certain components of an EPSDT visit address HEDIS and other quality performance measures. The main differences between EPSDT and HEDIS are the child's age and continuous enrollment with Amerigroup.

HEDIS preventive health measures that are addressed as part of EPSDT visits include:

- Well-Child Visits in the First 30 Months of Life (W30)
 - Six visits in the first 15 months of life
 - Two or more visits from 15 to 30 months of life
- Child and Adolescent Well-Care Visits (WCV)
- Lead Screening in Children (LSC)
- Childhood Immunization Status (CIS)
- Immunization for Adolescents (IMA)
- Developmental Screening in the First Three Years of Life (DEV)
- Screening for Depression and Follow-up Plan (CDF)
- Topical Fluoride for Children (TFC/TFL)
- Chlamydia Screening (CHL)

Other HEDIS/quality performance measures that are components of an EPSDT visit:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
 - BMI percentile assessment
 - Counseling for nutrition
 - Counseling for physical activity

HEDIS/quality performance measure	Applicable age(s)	Performance measure description
Childhood Immunization Status (CIS)	Turning 2 years old in the current year	<p>The percentage of children who received the following vaccines on or before their second birthday:</p> <ul style="list-style-type: none"> • DTap — four doses of diphtheria, tetanus, and acellular pertussis • IPV — three doses of polio • MMR — one dose of measles, mumps, and rubella • HiB — three doses of haemophilus influenza type B • HepB — three doses of hepatitis B • VZV — one dose of chicken pox • PCV — four doses of pneumococcal conjugate • HepA — one dose of hepatitis A • RV — two doses of the Rotarix vaccine or three doses of the Rotateq vaccine or one dose of Rotarix and two doses of the Rotateq vaccine <p>Note: Certain vaccines are required to be administered at specific timeframes (for example, HiB and PCV administered prior to 42 days after birth cannot be counted).</p>
Chlamydia Screening in Women (CHL)	16 to 24 years	<p>The percentage of women who were identified as sexually active and had at least one test for chlamydia during the measurement year.</p>
Screening for Depression and Follow-up Plan (CDF)	12 years and older	<p>The percentage of adolescents who had an outpatient visit during the current year and were screened for depression using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the same date as the positive screen. To be considered compliant, the member must have either of the following:</p> <ul style="list-style-type: none"> • A negative screen for depression or • A positive screen for depression and a follow-up plan (such as referral or medication) documented on the same date of the positive screening <p>The screening tool must be normalized and validated and developed for the population in which it is being utilized. Examples of adolescent (12–17 years) screening tools include but may not be limited to:</p> <ul style="list-style-type: none"> • Patient Health Questionnaire for Adolescents (PHQ-A) • Beck Depression Inventory-Primary Care Version (BDI-PC) • Patient Health Questionnaire (PHQ-9)

HEDIS/quality performance measure	Applicable age(s)	Performance measure description
Developmental Screening in the First Three Years of Life (DEV)	1 to 3 years	<p>The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months before their first, second, or third birthday.</p> <p>Note: Standardized tools that are only focused on one domain of development do not count for this measure (such as the ASQ-SE or M-CHAT). Appropriate developmental screening tools identify risk for developmental, behavioral and social delays. Tools that meet the criteria for developmental screening include, but may not be limited to:</p> <ul style="list-style-type: none"> • Ages and Stages Questionnaire (ASQ) — 2 months to 5 years • Ages and Stages Questionnaire — 3rd Edition (ASQ-3) • Parents' Evaluation of Developmental Status (PEDS) — birth to 8 years)
Immunizations for Adolescents (IMA)	Turning 13 years old in the current year	<p>The percentage of adolescents (male and female) who received all the following vaccines on or before their 13th birthday:</p> <ul style="list-style-type: none"> • Tdap — one dose of tetanus, diphtheria toxoids and acellular pertussis • Meningococcal — one dose of meningococcal vaccine • HPV — complete series of either the two- or three-dose vaccine <p>Note: Certain vaccines are required to be administered at specific timeframes (for example, the two-dose HPV vaccine must be administered on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart).</p>
Lead Screening in Children (LSC)	Turning 2 years old in the current year	The percentage of children who had at least one capillary or venous lead blood tests for lead poisoning on or before their second birthday
Topical Fluoride for Children (TFC)	1 to 4 years	The percentage of children who received at least two fluoride varnish applications during the measurement year
Topical Fluoride for Children (TFL)	1 to 20 years	The percentage of children and adolescents who received at least two fluoride varnish applications during the measurement year



HEDIS/quality performance measure	Applicable age(s)	Performance measure description
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	3 to 17 years	<p>The percentage of children who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and had documented evidence of the following:</p> <ul style="list-style-type: none"> • Body mass index (BMI) percentile (as well as Height and weight) • Counseling for nutrition • Counseling for physical activity <p>Note: Services may be rendered during a visit other than a well-child visit (for example, sick visit). These services count if the specified documentation is present, regardless of the primary intent of the visit. Services specific to the assessment or treatment of an acute or chronic condition do not count toward the Counseling for Nutrition and Counseling for Physical Activity measures.</p>
Well-Child Visits in the First 30 Months of Life (W30)	0 to 30 months	<p>The percentage of children who had the recommended number of well visits within the first 30 months of life. Rates are reported for the following:</p> <ul style="list-style-type: none"> • Between 0 to 14 months — Six or more well-child visits with a PCP on or before turning 15 months old. Visits must be at least two weeks apart. • Between 15 to 30 months — Two or more well-child visits with a PCP between 15 months and 30 months old. Visits must be at least two weeks apart.
Child and Adolescent Well-Care Visits (WCV)	3 to 21 years	<p>The percentage of children and adolescents who had at least one comprehensive well-care visit with a PCP during the measurement year</p>

For more information about HEDIS and other quality performance measures, please visit provider.amerigroup.com/docs/gpp/GA_CAID_HEDISBenchmarksCodingGuidelines.pdf?v=202304042030.

EPSDT Quick Reference Guide

Children and adolescent preventive guidelines

	Birth	3 to 5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7 to 21 years
History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Height or length/weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Head circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						Yearly
Body mass index (percentile if < 16 years)											✓	✓	✓	✓	✓	✓	Yearly
Blood pressure ¹	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Nutrition assessment/counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical activity assessment/counseling ²													✓	✓	✓	✓	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Hearing exam	✓	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	Yearly
Developmental assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Developmental screening (DEV) ²							✓			✓		✓					
Blood lead level screening (LSC) ²								✓			✓						
Autism screening										✓	✓						
Depression screening (CDF) ²																	12 to 21
Psychological/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Tobacco/alcohol/drug use assessment																	Yearly
Physical exam (un clothed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Oral/dental assessment	*	*	*	*	*	✓	✓	✓	*	✓	✓	✓	✓	✓	✓	✓	Yearly
Dental referral ³													✓			✓	Refer
Immunization assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or hemoglobin					*		✓		*	*	*	*	*	*	*	*	Yearly
Blood level lead screening						*	*	✓	*	✓		*	*	*	*	*	
Tuberculin test if at risk			*			*		*	*	*	*	*	*	*			*
Dyslipidemia screening ⁵											*			*			9-11 & 18-21
STI screening ⁵																	11-21*
Chlamydia Screening (CHL) ²																	16-21
Cervical dysplasia screening																	21
Anticipatory guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/referral for identified problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

Use this chart to be sure your practice is following the appropriate age-specific guidelines.

Recommended Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule

A visit should be scheduled for all new Georgia Families members within 60 days. Children in state custody (under Georgia Families 360°SM) under the Kenny A. Consent Decree are required to have an EPSDT preventive health visit and a dental visit within 10 days of official transition to state custody.

Subsequent visits should be scheduled based on the recommended guidelines:

- 3 to 5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3-21 years, annually

Any member who has not had the recommended services should be brought up to date as soon as possible.

Helpful hints:

- Use the listing of members due or overdue for EPSDT services provided to you by Amerigroup and contact the member for an appointment.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding.

For complete information, see the *AAP Periodicity Schedule* at <https://www.aap.org/en/practice-management/bright-futures> and the *AAPD Guidelines* at <https://www.aapd.org/research/evidence-based-dentistry/AAPD-Clinical-Guidelines>.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- 1 Children with specific risk factors should have their blood pressure taken at visits before age 3.
- 2 HEDIS® and/or state quality performance measure added to chart.
- 3 Referrals for dental care should be given for any problem identified or if there is no dental home. AAPD recommends a dental exam every six months after tooth eruption.
- 4 Lead verbal Risk Assessment: providers must perform a verbal risk assessment for lead toxicity at every periodic visit to children at least six months and less than 72 months.
- 5 Dyslipidemia screening is recommended once between 9 to 11 years old and between 18 to 21 years old.
- 6 STI screenings should be conducted on all sexually active females 11 to 21 years of age.

* Conduct a risk assessment. If high-risk conditions exist, perform screening.

EPSDT Quick Reference Guide (cont.)

Notes:

- All well visits should include, at a minimum, an unclothed physical exam, developmental assessment, anticipatory guidance and age-appropriate screenings, and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, as well as informing patients about the benefits of a healthy lifestyle, safety practices/accident avoidance, and disease prevention.
- Screenings are as recommended by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD). An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.
- If you are not receiving the monthly listing containing your paneled members who have upcoming EPSDT services due, your Provider Experience Representative.
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Recommended childhood immunizations

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	23 months	2 to 3 years	4 to 6 years
Hepatitis B (Hep B)	Hep B	Hep B			Hep B						
Rotavirus (3 doses)			RV	RV	RV						
Diphtheria, tetanus, pertussis			DTaP	DTaP	DTaP		DTaP				DTaP
Haemophilus influenzae type b (Hib)			Hib	Hib	Hib	Hib					
Pneumococcal			PCV	PCV	PCV	PCV					PPSV
Inactivated poliovirus			IPV	IPV	IPV						IPV
Influenza					Influenza yearly						
Measles, mumps, rubella						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						Hep A, 2 dose series				Hep A series	
Meningococcal										MCV	

Recommended adolescent immunizations

	7 to 8 years	9 years	10 years	11 to 12 years	13 to 18 years
Tetanus, diphtheria, pertussis		Tdap			Tdap
Human papillomavirus (3 doses)		HPV series			HPV series
Meningococcal				MCV	MCV
Influenza	Influenza yearly				
Pneumococcal	PPSV				
Hepatitis A	Hep A series				
Hepatitis B	Hep B series				
Inactivated poliovirus	IPV series				
Measles, mumps, rubella	MMR series				
Varicella	Varicella series				

Key:

- Range of recommended ages for all children except certain high-risk groups
- Range of recommended ages for certain high-risk groups
- Range of recommended ages for catch-up immunization

For complete information, see:

- The Advisory Committee on Immunization Practices (<https://www.cdc.gov/vaccines/acip/index.html>)
- The AAP (www.aap.org)
- The American Academy of Family Physicians (www.aafp.org) — Department of Health and Human Services | Centers for Disease Control and Prevention

EPSDT billing codes

Visit CPT® and ICD-10-CM codes:

Age	New patient	Established patient	ICD-10-CM codes
Newborn/infant (birth to 28 days)	99381	99391	Z00.110 — Health examination for newborn under 8 days old Z00.111 — Health examination for newborn 8 to 28 days old Z76.2 — Encounter for health supervision and care of other healthy infant and child
Preventive visit, infant (29 days to < 1 year)	99381	99391	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings Z76.2 — Encounter for health supervision and care of other healthy infant and child
Preventive visit, early childhood (age 1 to 4)	99382	99392	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings Z76.2 — Encounter for health supervision and care of other healthy infant and child
Preventive visit, late childhood (age 5 to 11)	99383	99393	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings Z02.5 — Encounter for examination for participation in sport Z76.2 — Encounter for health supervision and care of other healthy infant and child
Preventive visit, adolescent (age 12 to 14)	99384	99394	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings Z02.5 — Encounter for examination for participation in sport Z76.2 — Encounter for health supervision and care of other healthy infant and child
Preventive visit, adolescent (age 15 to 17)	99384	99394	Z00.121 — Encounter for routine child health examination with abnormal findings Z00.129 — Encounter for routine child health examination without abnormal findings Z02.5 — Encounter for examination for participation in sport Z76.2 — Encounter for health supervision and care of other healthy infant and child
Preventive visit, adults (age 18 to 20)	99385	99395	Z00.00 — Encounter for general adult medical examination without abnormal findings Z00.01 — Encounter for general adult medical examination with abnormal findings Z02.5 — Encounter for examination for participation in sport
Use if abnormality/ies is encountered or a pre-existing problem is addressed during the EPSDT visit*	99202-99205**	99211-99215**	

* Modifiers EP and 25 should be appended to the E/M visit, 99202-99214, when reported in conjunction with the preventive visit, 99381-99395, on the same day.

** These codes must be used with one of the ICD-10 Z-codes above

EPSDT billing codes (cont.)

Vaccine administration CPT codes:

CPT code	Description
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered
+90461 (add-on code)	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified healthcare professional; Each additional vaccine/toxoid component administered
90471	Immunization administration (percutaneous, intradermal, subcutaneous, or intramuscular); one vaccine (single or combination vaccine/toxoid)
+90472 (add-on code)	Immunization administration (percutaneous, intradermal, subcutaneous, or intramuscular); each additional vaccine (single or combination vaccine/toxoid)
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
+90474 (add-on code)	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)

Vaccine administration CPT codes:

Modifier	Description
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered
+90461 (add-on code)	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified healthcare professional; Each additional vaccine/toxoid component administered
90471	Immunization administration (percutaneous, intradermal, subcutaneous, or intramuscular); one vaccine (single or combination vaccine/toxoid)
+90472 (add-on code)	Immunization administration (percutaneous, intradermal, subcutaneous, or intramuscular); each additional vaccine (single or combination vaccine/toxoid)
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
+90474 (add-on code)	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)

Vaccine CPT codes for HEDIS measures:

Modifier	Description
DTap (CIS)	90697, 90698, 90700, 90723
Hib (CIS)	90644, 90647, 90648, 90697, 90698, 90748
Hep A (CIS)	90633
Hep B (CIS)	90697, 90723, 90740, 90744, 90747, 90748
IPV (CIS)	90697, 90698, 90713, 90723
Flu (CIS)	90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756
Flu-LAIV (CIS)	90660, 90672
MMR (CIS)	90707, 90710

EPSDT billing codes (cont.)

Vaccine CPT codes for HEDIS measures (cont.)

Modifier	Description
PCV (CIS)	90670, 90671
Rotavirus-2 Dose Schedule (CIS)	90681
Rotavirus-3 Dose Schedule (CIS)	90680
VZV (CIS)	90710, 90716
HPV (IMA)	90649, 90650, 90651
Meningococcal (IMA)	90619, 90733, 90734
Tdap (IMA)	90715

Other CPT and ICD-10-CM codes:

Description	CPT codes	ICD-10-CM codes
Autism screening	96110**	Z13.41
Blood lead level screening (LSC) ¹	83655	Z13.88
Blood pressure readings		
BMI percentile assessment (WCC) ¹		Z68.51, Z68.52, Z68.53, Z68.54
Brief emotional/behavioral assessment	96127	
Chlamydia tests (CHL) ¹	87110, 87270, 87320, 87490-87492, 87810	
Developmental screening (DEV) ¹	96110*	Z00.121, Z00.129, Z76.2
Depression screening (CDF) ¹	G8431, G8510	
Fluoride varnish application (TFC) ¹	99188	
Health risk assessment (patient-focused — for example, tobacco, alcohol, drug use risk assessment)	96160	
Health risk assessment (caregiver-focused — for example, maternal depression screening)	96161	
Interperiodic vision screening	99173	Z01.00, Z01.01 or Appropriate abnormal result code
Interperiodic hearing screening	V5008, 92551 to 92553, 92555, 92556	Z01.10, Z01.110, Z01.118 or Appropriate abnormal result code
Nutritional assessment/counseling (WCC) ¹	97802, 97803, 97804, G0447, G0270, G0271, S9452, S9449, S9470	Z71.3
Physical activity assessment/counseling (WCC) ¹	S9451, G0447	Z02.5, Z71.82
Tuberculin (TB) skin test	86580	Z11.1



EPSDT billing codes (cont.)

Modifiers:

Modifier	Description
EP	Service provided as part of Medicaid EPSDT program
25	Significant, separately identifiable evaluation and management service by the same physician or other qualified healthcare professional on the same day of the procedure or other service
59	Distinct procedural service
HA	Service is part of a child or adolescent program

¹ HEDIS/Quality Performance Measure

* Developmental screenings must be billed with both the EP and HA modifiers as well as the appropriate ICD-10 code.

** Autism screenings must be billed with both the EP and UA modifiers as well as the appropriate ICD-10 code.

Caring for a diverse patient population

Health equity means everyone has a fair and just opportunity to be as healthy as possible, and barriers to doing so must be removed.¹ It's important for care providers to consider health equity in patient interactions and recognize barriers may exist on the part of the patient, the care provider and office staff, and the healthcare system that may impact access, utilization, and quality of care.

Health disparities disadvantage children in unique ways, hindering their ability to reach their full potential and often leading to continued problems in adulthood. Children who are especially impacted by injustices include those living in poverty, from racial minority groups, affected by drug and alcohol use, living with violence, and uninsured or without access to healthcare. Unfortunately, these factors often occur together. Those who experience multiple injustices are more likely to have their rights ignored and needs unmet.²

A number of additional factors can be influential. Insurance type can impact care utilization, as well as geographic location. Those in rural locations may encounter more challenges accessing care, and care resources may be more limited. As a result, they may be less likely to attend well-child visits. Additionally, as rural care resources decline, doctors in urban locations may see more patients from rural areas. It's important to recognize the impact patients' rural location may have on their ability to adhere to follow up recommendations.

The ability of care providers and office staff to offer culturally and linguistically appropriate engagement with patients and families is an important component to health equity. Bright Futures 4th Edition (<https://www.aap.org/en/practice-management/bright-futures>) provides information about the importance of addressing social determinants and health disparities in well-child visits, and the promotion of health equity is woven throughout the guidelines and other Bright Futures tools and resources.³ This edition of Bright Futures places special emphasis on three areas of vital importance to caring for children and families:⁴

- Social drivers of health (SDOH)
- Children and youth with special healthcare needs
- Cultural competence



Please visit <https://mydiversepatients.com> for additional resources to support the needs of your diverse patients.

References:

- 1 Robert Wood Johnson Foundation. Retrieved from <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
- 2, 3 Association of Maternal & Child Health Programs. (2019, June). Opportunities From Bright Futures' Guidelines and Tools. *Bright Futures*. Retrieved from <https://amchp.org/how-well-child-visits-can-advance-health-equity/>
- 4 Bright Futures. (2021). Bright Futures Guidelines 4th Edition. *American Academy of Pediatrics*. Retrieved from <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

Preventive care resources

Amerigroup Resources

Amerigroup Member Incentive Program

https://www.myamerigroup.com/ga/gaga_caaid_benefitrewardhubflier.pdf

Amerigroup Member Value Added Benefits

https://www.myamerigroup.com/ga/gaga_caaid_extrabenefitsflier.pdf

Amerigroup Quality Reporting and Performance Measures (HEDIS booklet)

<https://provider.amerigroup.com/georgia-provider/resources/manuals-policies-guidelines>

Prevention

American Academy of Family Physicians

aafp.org

American Academy of Pediatrics — assessments, patient education, forms and other information

aap.org

Bright Futures Tool and Resource Kit

<https://publications.aap.org/toolkits/pages/bright-futures-toolkit>

Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools

<https://publications.aap.org/toolkits/resources/15625/Bright-Futures-Toolkit-Links-to-Commonly-Used>

Centers for Disease Control and Prevention (CDC) growth and BMI charts

cdc.gov/growthcharts/clinical_charts.htm

Health Resources and Service Administration — maternal and child health

mchb.hrsa.gov/epsdt

Medicaid Early and Periodic Screening, Diagnostic and Treatment program

medicaid.gov/medicaid/benefits/epsdt/index.html

My Diverse Patients

mydiversepatients.com

U.S. Departments of Health and Human Services and Education: Birth to 5: Watch Me Thrive Resources

<https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive/resources>

Dental and oral health

American Academy of Pediatric Dentistry (AAPD): State Dental Periodicity Schedules

<https://www.aapd.org/research/policy-center/state-dental-periodicity-schedules>

DentaQuest (Amerigroup dental vendor)

<https://www.dentaquest.com/en/members/georgia-medicaid-dental-coverage/amerigroup>

Caries Risk Assessment, Fluoride Varnish and Counseling (Course 6)

smilesforlifeoralhealth.org

Oral Health Risk Assessment Tool

https://downloads.aap.org/AAP/PDF/oralhealth_RiskAssessmentTool.pdf

Immunizations

CDC — Immunization Schedules

cdc.gov/vaccines/schedules

Georgia Registry of Immunization Transactions and Services (GRITS)

<https://www.grits.state.ga.us/>

Immunization Action Coalition

immunize.org

Institute for Vaccine Safety

vaccinesafety.edu

Learn more about Amerigroup
Community Care programs

<https://provider.amerigroup.com/GA>

