### Provider outreach manual:
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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I. Early and Periodic Screening, Diagnostic and Treatment Program
Early And Periodic Screening, Diagnostic and Treatment (EPSDT) Services

Description
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention, treatment, correction, and improvement (amelioration) of physical and behavioral/mental health conditions for AHCCCS members under 21 years of age. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid members in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS members less than 21 years of age.

EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary, mandatory, and optional services listed in Federal Law 42 USC 1396d (a) to correct or ameliorate defects and physical and behavioral/mental illnesses and conditions identified in an EPSDT screening, whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

A well-child visit is synonymous with an EPSDT visit. EPSDT services include all screenings and services are referenced in the AHCCCS EPSDT Periodicity Schedule (Exhibit 430-1) and AHCCCS Dental Periodicity Schedule (Exhibit 431-1).

Providers must use the EPSDT Tracking Forms provided by AHCCCS Contractors (or electronic equivalent that includes all components found in the hard copy form) at every EPSDT visit. Mercy care plan will continue to provide two part carbonless EPSDT Tracking Forms to provider.

AHCCCS redesigned the EPSDT Tracking Forms in April 2014; the redesign is to provide a more targeted approach on the screenings and referrals that members are receiving.

Only AHCCCS EPSDT Tracking forms may be used; paper form substitutes are not acceptable. The provider still has the option to use electronic health record system, as long as the electronic form includes all components present on the AHCCCS EPSDT Tracking form.

Providers may also choose to print the EPSDT Tracking Form from the AHCCCS website at: http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap400.pdf.

Oral health care (EPSDT age members)
As part of the physical examination, the physician, physician’s assistant or nurse practitioner must perform an oral health screening. A screening is intended to identify gross dental or oral lesions, but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan. Depending on the results of the oral health screening, referral to a dentist must be made as outlined in the contract:

Category recommendation for next dental visit
- EMERGENT Within 24 hours of request
- URGENT Within three days of request
- ROUTINE Within 45 days of request
An oral health screening must be part of an EPSDT screening conducted by a PCP. However, it does not substitute for examination through direct referral to a dentist. PCPs must refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule. Evidence of this referral must be documented on the EPSDT Tracking Form and in the member’s medical record. PCPs who have completed the AHCCCS required training, may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members who are at least six months of age, with at least one tooth eruption. Additional applications occurring every six months during an EPSDT visit, up until member’s second birthday, may be reimbursed according to AHCCCS-approved fee schedules. Application of fluoride varnish by the PCP, does not take the place of an oral health visit.


Please refer to Training Module 6 that covers caries risk assessment, fluoride varnish and counseling. Upon completion of the required training, providers should submit a copy of their certificate to each of the contacted health plans in which they participate, as this this is required prior to issuing payment for PCP applied fluoride varnish. This certificate may be used in the credentialing process to verify completion of training necessary for reimbursement.

**Development screening tools as of 4/1/14**

All qualified medical professionals must provide proof of certification to the Council for Affordable Quality Healthcare (CAQH). The CAQH Fax cover sheet should be used to send the required documentation of your completed training to CAQH. Please use the code 014, Formal Post-Graduate Training Certificates, when providing your documentation. The health plans that you contract with will use the CAQH data base to conduct random audits to ensure provider compliance with the AHCCCS training requirement. Certificates dated before August 1, 2014 will be accepted.

AHCCCS approved developmental screening tools include:

a. The Parent’s Evaluation of Developmental Status (Peds) tool which may be obtained from [www.pedstest.com](http://www.pedstest.com) or [www.forepath.org](http://www.forepath.org).

b. Ages and Stages Questionnaire (ASQ) tool which may be obtained from [www.agesandstages.com](http://www.agesandstages.com).

c. The Modified Checklist for Autism in Toddlers (MCHAT) may be used only as a autism when medically indicated. Copies of the completed tools must be retained in the medical record.

**TB Monitoring & Testing Requirements**

- TB test results **must** be read by Medical personnel.
- TB results **cannot** be verified over the phone. Member must have the test results read in person or it must be redone.
- Providers office must attempt to follow-up with the member if they fail to return to have their TB test result read.
- Provider’s office must document in the members chart that they attempted to contact member for follow-up.
- If member has a Positive TB result, providers office must follow up with member to insure that treatment was received and must document in members chart if member was compliant or non-compliant.

**Blood Lead &Verbal Lead Screenings**

- Routine blood lead testing must be done at **12 and 24 months** of age and at **36-72 months** of age if child has **not** had a blood test previously.
- A verbal blood lead screening risk assessment must be completed at each EPSDT visit for children **six through 72 months of age** (six years of age) to assist in determining risk.
• Blood lead test result, equal to or greater than 10 micrograms of lead per deciliter of whole blood obtained by capillary specimen or finger stick, must be confirmed using a venous blood sample.
• Providers must report blood lead levels equal to or greater than ten micrograms of lead per deciliter of whole blood to ADHS (A.A.C. R9-4-302).

Sick visit performed in addition to an EPSDT visit
• Billing of a “sick visit” (CPT Codes 99201-99215) at the same time as an EPSDT is a separately billable service if:
  – An abnormality is encountered or a preexisting problem is addressed in the process of performing an EPSDT service and the problem or abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service.
  – The “sick visit” is documented on a separate note.
  – History, Exam, and Medical Decision Making components of the separate “sick visit” already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99201-99215).
  – The current status (not history) of the abnormality or preexisting condition is the basis of determining medical necessity.
• Modifier 25 must be added to the Office/Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service.
• Acute diagnosis codes not applicable to the current visit should not be billed.

VFC & ASIIS
Providers must coordinate with the Arizona Department of Health Services (ADHS) Vaccines for Children (VFC) program in the delivery of immunization services. Immunizations must be provided according to the Advisory Committee on Immunization Practices Recommended Schedule. (Refer to the CDC website at http://www.cdc.gov/vaccines/schedules/index.html where this information is included).
• AHCCCS Providers must enroll and re-enroll annually with the VFC program in order to see Medicaid EPSDT aged members, in accordance with AHCCCS Contract requirements
• AHCCCS Providers shall not utilize AHCCCS funding to purchase vaccines covered through the VFC program for members younger than 19 years of age.
• AHCCCS Providers must document each EPSDT age member’s immunizations in the Arizona State Immunization Information System (ASIIS) registry.
• AHCCCS Providers must maintain the ASIIS immunization records of each EPSDT member in ASIIS, in accordance with A.R.S. Title 36, Section 135.
• October 1, 2012 a policy change with the VFC program went into effect. With this update, federal vaccines can no longer be used to immunize privately insured children. Although a newborn may be eligible for Medicaid, hospitals cannot make an absolute determination that a newborn is not also eligible for private insurance at the time that this immunization would be administered. Because of this, the hospitals face the potential of administering VFC vaccines to newborns against the federal requirements. Since many hospitals have dis-enrolled from the VFC program due to this new policy, newborns who are delivered at the facilities may not receive the birth dose of the Hepatitis B vaccine.
• Mercy Care Plan requests that all primary care providers and pediatricians caring for newborns review each member’s immunization records fully upon the initial visit, and subsequent follow-up visits, regardless of where the child was delivered. It is our intention to ensure that the newborns receive all required vaccines, and that those who have not received the birth dose of the Hepatitis B vaccine in the hospital be “caught up” by their primary care provider.
Successful strategies:
Reducing missed appointments

A number of studies suggest that the cultural norms or social circumstances of families may have an effect on the rate of missed appointments. Living in a deprived area has been associated with a threefold increase in the likelihood of missing and appointment. Some of the most common reasons include: lack of transportation, scheduling problems, overslept or forgot, presence of a sick child or relative, and lack of child-care. Highlighted below are current best practice interventions that may help you and your office decrease missed appointments.

Patient contact
- Thank patients for keeping their appointments and arriving on time.
- Ask patients how they want to be reminded of their appointment and provide options for cell phone and home phone.
- Perform automated telephone appointment reminder calls
- Make the reminder call at least 48 hours prior to the appointment.
- Contact patients who miss appointments and reschedule them promptly.
- Engage the patient in the relationship with the practice by making statements such as:
  - “Dr. Jones was very disappointed that you didn’t show up for your appointment.”
  - “I’ll let Dr. Jones know that you wish to reschedule. When shall I tell him that you would like to reschedule?”
- Send correspondence about no-shows directly from the physician.
- Educate patients who have chronic conditions that their status and medications need to be monitored with regular office appointments, even if they feel fine.

Other practices
- Document history of patients’ no-shows and identify “frequent no-show” in your practice management system alert messaging.
- Develop a protocol for how cancelled appointments will be rescheduled for other patients.
- Ease patients’ ability to notify you of a cancellation by offering 24/7 cancellation line with voicemail.
- Establish a waitlist for patients who want earlier appointments for rescheduling.
- Document disconnected phone numbers in the practice management system.
- Hold a team conference before every clinic and prioritize a review of the schedule for today. Cancel patients who have been admitted to the hospital.
- Confirm that you have cancelled previously scheduled appointments in the practice management system when a patient calls for an acute appointment request.

Mercy Care Plan will help
- To help reduce missed appointments, Mercy Care plan has implemented several ongoing interventions.
- For every member who schedules an appointment through our outreach staff, an appointment reminder card is mailed to him/her listing the date and time of the appointment.
- If the patient misses an appointment, notify Mercy Care Plan Quality Management (QM). Our outreach staff will contact the member by letter and phone to assist him/her in making another appointment. During the phone call, the member will also receive education on the importance of showing up for scheduled appointments.
In an effort to improve our member’s health and assist your office with missed and “No Show” appointments, please fill in the requested information for Mercy Care Advantage members only. With this information, our outreach staff can call each member to offer assistance with issues that may be hindering the member from keeping their appointments, such as transportation. Please notify Mercy Care Advantage within one week of the appointment by faxing this form to 1-800-624-3879. If you have any questions, please call 602-263-3000.

<table>
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<tr>
<th>Member ID #</th>
<th>Member name</th>
<th>Date of birth</th>
<th>Missed appointment date and time</th>
<th>Late and not seen</th>
<th>No show</th>
<th>Cancelled &lt;24 hrs.</th>
<th>Reason for appointment</th>
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Behavioral health screening, referral and follow-up requirements

The PCP is required to:
- Conduct EPSDT age appropriate behavioral Health screening which consists of:
  - Newborn-24 months: parental interview
  - 3-8 years of age: Pediatric symptom checklist, parental interview, observation
  - 10-21 years of age: HEADDSS, GAPS, parental interview.
- Initiate and coordinate behavioral health referrals, receive the EPSDT referral also, and provide a letter to the member about behavioral health services.
- Monitor whether a patient has received services (The RBHA should be sending a 4.3.1. document indicating Coordination of Care).
- Maintain any behavioral health records pertaining to the patient including the 4.3.1.document.
- Respond within 10 business days to requests for information from the Regional Behavioral Health Authority (RBHA) or contracted provider.
- Maintain close communication and coordination with the RBHA behavioral health provider (4.3.1 information is sent post intake, changes in medication, or changes in BH conditions and annually.

PCPs, behavioral health and children:
- PCPs can provide medication management services (i.e. prescriptions, med visits, labs and other diagnostic tests) for patients enrolled in AHCCCS that have a diagnosis of depression, anxiety or ADD/ADHD.
- Mercy Care Plan has psychotropic medications on its preferred drug list for treating depression, anxiety and ADD/ADHD.
- AHCCCS has developed evidence-based practice guidelines for the treatment of anxiety, depression, post-partum depression and ADD/ADHD. Included in these guidelines are, for example, helpful screening tools to assist in screening for anxiety, depression, post-partum depression and ADD/ADHD. The guidelines are located on the Mercy Care Plan provider website. PCPs should become familiar with these guidelines.

PCP referrals:
- PCPs may also refer their patients that are enrolled in the AHCCCS acute or DDD programs to the RBHA for services to treat ADD/ADHD, depression or anxiety. In addition, for patients who present with a behavioral health disorder other than the aforementioned conditions, PCPs should refer patients to the RBHA.

How to refer to the RBHA:
- Patient or PCP office can call the RBHA directly for services (RBHA contact information included)
- PCPs office can Fax PM Form 3.3.1 to RBHA directly for member to receive BH services (this PM form is included, as well as RBHA contact information).

When to transfer psychiatric care to the RBHA:
- When a member does not respond to treatment and therefore needs additional behavioral health services.
- When a patient presents with a behavioral health disorder other than anxiety, depression, or ADD/ADD/ADHD.
- When a patient has experienced a sentinel event (i.e. attempted suicide) or an inpatient hospitalization for a behavioral health diagnosis.
- When the PCP is not comfortable treating the patient’s behavioral health disorder.
Transferring care to the RBHA:
• PCPs need to make sure they give the patient enough of his/her psychotropic medication to last through the transition so that there is no interruption in the medication regime (an appointment for a patient to see a RBHA prescriber may take up to 30 days or longer. Therefore, the PCP’s oversight is very important).
• PCPs need to transfer all applicable records to the RBHA provider per HIPPA guidelines, including but not limited to, reason for referral/transfer, diagnostic information, medical history, medication history and all current prescriptions provided for the patient, including timeframes for dispensing and refilling medications during the transition period (all this information needs to be forwarded to the RBHA prescriber prior to the member’s first appointment with the RBHA prescriber).
• PCPs need to maintain documentation in the patient’s medical record related to the transition to the RBHA that includes at least the following:
  1. Ongoing treatment during the transition.
  2. The date the patient was referred.
  3. The reason the patient was referred.
  4. Receiving contact name and pertinent information.
  5. The date that the medical record was forwarded to the RBHA, as well as what was medical records were provided to the RBHA.
  6. Any other pertinent information.

Sharing medical information:
• During the transfer of care to the RBHA, and on an ongoing basis, the PCP’s office needs to be responsive to a RBHA’s request for medical information within 10 business days?
• The response to the RBHA should comprise, but is not limited to, all pertinent information including:
  1. Current diagnoses
  2. Current medications
  3. Lab results
  4. Date of last PCP visit
  5. Recent hospitalizations (last six months).

Behavioral health information:
• When behavioral health information is received by the PCP, the PCP needs to establish a patient medical record or appropriately labeled file even if the PCP has yet to see the assigned patient.
• PCPs should review and initial all records forwarded to the PCP by patients’ behavioral health providers.

PCP updates:
• When a patient is enrolled in the RBHA, the PCP needs to provide to the RBHA provider updates regarding:
  1. Diagnosis of chronic conditions.
  2. All medications prescribed.
  3. Support for the petitioning process.
  4. Any other clinically significant information.

Step Therapy process:
• If a patient is referred back to the PCP by the RBHA for treatment of anxiety, depression or ADD/ADHD, the PCP should provide the same medication at the same dose as the RBHA, unless there was a subsequent change in medical condition of the patient. Mercy Care Plan will provide this medication, even if it is not on the Mercy Care Plan preferred drug list.
• If the patient or his/her parent/guardian reports patient having tried several medications and/or has participated in step therapy for anxiety, depression or ADD/ADHD, the PCP should consult, or obtain information from the patient’s previous RBHA provider prior to the current treatment regime.
If there is a problem in communicating with the RBHA or should you have any questions, contact a MCP Behavioral Health Coordinator: Thomas White: 602-798-2552

**Behavioral Health**
Regional Behavioral Health Authorities (RBHAs)

**Maricopa County**
**Mercy Maricopa Integrated Care**
Information and referral: 1-866-602-1979 or 602-586-1841 or TTY/TDD 711
Referral fax number: 1-844-424-3975
Behavioral Health Crisis line: 1-800-631-1314 or 602-222-9444 or TTY 1-800-327-9254

**Pima County**
**Community Partnership of Southern Arizona**
Information and referral: 1-800-771-9889
Referral fax number: 520-326-0931 or 1-800-443-0365
Crisis phone line: 520-622-6000

**Cochise, Gila, Graham, Greenlee, La Paz, Pinal, Santa Cruz, Yuma Counties**
**Cenpatico**
Information and referral: 1-866-495-6738
Referral fax number: 1-800-398-6182
Crisis phone line: 1-866-495-6735
| Procedure/Age                      | Newborn | 3 mo | 6 mo | 9 mo | 12 mo | 18 mo | 24 mo | 3 yr | 4 yr | 5 yr | 6 yr | 7 yr | 8 yr | 9 yr | 10 yr | 11 yr | 12 yr | 13 yr | 14 yr | 15 yr | 16 yr | 17 yr | 18 yr | 19 yr | 20 yr |
|-----------------------------------|---------|------|------|------|-------|-------|-------|------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| History Initial/Interval          | x       | x    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Length/Height & Weight            | x       | x    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Weight for Length                 | x       | x    | x    | x    | x     | x     | x     |       | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Head Circumference                | x       | x    | x    | x    | x     |       | x     | x    | x    | x    | x    | x    | x    | x    |       | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Body Mass Index (BMI)             | x       |     | x    | x    | x     |       | x     | x    | x    | x    | x    | x    | x    | x    |       | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Blood Pressure - PCP should assess the need for BP measurement for children birth to 24 months | +   | + +   | + +   | + +   | + +   | + x   | x x   | x x   | x x   | x x   | x x   | x x   | x x   | x x   | + x   | x x   | x x   | x x   | x x   | x x   | x x   | x x   | x x   | x x   |
| Nutritional Assessment            | x       | x    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Vision/Hearing/Speech             | x       | x    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Developmental Surveillance        | x       | x    | x    | x    | x     | x     |       | x    | x    | x    | x    | x    | x    | x    |       |       | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Developmental Screening           | x       | x    | x    | x    | x     | x     |       | x    | x    | x    | x    | x    | x    | x    |       |       | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Psychosocial/Behavioral Assessment (Social-Emotional Health) | x       | x    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Alcohol and Drug Use Assessment   | x       | x    | x    | x    | x     | x     |       | x    | x    | x    | x    | x    | x    | x    |       |       | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Physical Examination              | x       | x    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Newborn Metabolic Screening       | -       | -    | -    | -    | -     | -     | -     |       | -    | -    | -    | -    | -    | -    |       | -     | -     | -     | -     | -     | -     | -     | -     | -     | -     |
| Immunizations                     |         |      |      |      |       |       |       |       |      |      |      |      |      |      |       |       |      |      |      |      |      |      |      |      |      |
| Tuberculin Test                   | +       | +    | +    | +    | +     | +     | +     | +    | +    | +    | +    | +    | +    | +    | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |
| Hematocrit/Hemoglobin             | +       | x    | +    | +    | +     | +     | +     | +    | +    | +    | +    | +    | +    | +    | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |
| Lead Screen/Verbal                | x       | x    | x    | x    | x     | x     | x     |       | x    | x    | x    | x    | x    | x    |       | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Lead Screen/Blood Test            | x       | x    | x*   | x*   | x*    | x*    |       |       | x    | x    | x    | x    | x    | x    |       |       | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Dyslipidemia Screening            | x       | x    | x    | x    | x     | x     |       | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Dyslipidemia Testing              | x       | x    | x    | x    | x     | x     |       | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| STI Screening                     | +       | +    | +    | +    | +     | +     | +     | +    | +    | +    | +    | +    | +    | +    | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |
| Cervical Dysplasia Screening      | +       | +    | +    | +    | +     | +     | +     | +    | +    | +    | +    | +    | +    | +    | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |
| Oral Health Screening by PCP      | x       | x    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Topical Fluoride Varnish          | x       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Dental Referral                   | +       | +    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
| Anticipatory Guidance             | x       | x    | x    | x    | x     | x     | x     | x    | x    | x    | x    | x    | x    | x    | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     | x     |
### EXHIBIT 430-1
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
EPSDT PERIODICITY SCHEDULE

*** See Separate Schedules within AMPM Chapter 400 for Vision, Hearing/Speech, and Immunizations

1. Utilization of one AHCCCS approved developmental screening tools (ASQ and PEDS Tool) for members at 9, 18, and 24 months of age. The MCHAT may be used for members 16-30 months of age to assess the risk of autism spectrum disorders in place of the ASQ or PEDS Tool when medically indicated.

2. Newborn metabolic screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.

3. Oral health screenings to be conducted by the PCP at each visit starting at 6 months of age.

4. Fluoride varnish is limited in a primary care provider’s office to once every six months, during an EPSDT visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to two years of age.

5. First dental examination is encouraged to occur by age 1. Repeat every 6 months or as indicated by child’s risk status/susceptibility to disease.

These are minimum requirements. If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

Key:  
- x = to be completed  
- + = to be performed for members at risk when indicated  
- ← x → = the range during which a service may be provided, with the x indicating the preferred age  
- * = Members not previously screened who fall within this range (36 to 72 months of age) must have a blood lead screen performed

**NOTE:** If American Academy of Pediatrics guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered.

**NOTE:** The American Association of Pediatric Dentistry recommends that dental visits begin by age one (1). Referrals should be encouraged by one (1) year of age. Parents of young children may self-refer to a dentist within the Contractor’s network at any time.

### Arizona Health Care Cost Containment System

#### Vision Periodicity Schedule

<table>
<thead>
<tr>
<th>PROCEDURE/AGE</th>
<th>Newborn</th>
<th>3-5 days</th>
<th>By 1 mo</th>
<th>2 mo</th>
<th>4 mo</th>
<th>6 mo</th>
<th>9 mo</th>
<th>12 mo</th>
<th>18 mo</th>
<th>24 mo</th>
<th>3 yr</th>
<th>4 yr</th>
<th>5 yr</th>
<th>6 yr</th>
<th>7 yr</th>
<th>8 yr</th>
<th>9 yr</th>
<th>10 yr</th>
<th>11 yr</th>
<th>12 yr</th>
<th>13 yr</th>
<th>14 yr</th>
<th>15 yr</th>
<th>16 yr</th>
<th>17 yr</th>
<th>18 yr</th>
<th>19 yr</th>
<th>20 yr</th>
</tr>
</thead>
</table>
| Vision+       | S S S S S S S S S S S O O O O O O O O O S S S S S O O O O O O O O S S S S S S S S S | These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

**Key:**

- **S** = Subjective, by history
- **O** = Objective, by a standard testing method
- **=** If the patient is uncooperative, rescreen in 6 months.
- **+** = May be done more frequently if indicated or at increased risk.

Revised: 04/01/2014, 4/1/2007, 8/1/2005

#### Arizona Health Care Cost Containment System

#### Hearing/Speech Schedule

| PROCEDURE/AGE | Newborn | 3-5 days | 2 Wks | By 1 mo | 6 Wks | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 3 yr | 4 yr | 5 yr | 6 yr | 7 yr | 8 yr | 9 yr | 10 yr | 11 yr | 12 yr | 13 yr | 14 yr | 15 yr | 16 yr | 17 yr | 18 yr | 19 yr | 20 yr |
|---------------|---------|----------|-------|--------|-------|------|------|------|------|-------|-------|-------|-------|------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| HearingSpeech+ | O** S | O** S | S S S S S S S S S S O O O O S O S O S O S O S O S O S O S S O S S | These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

**Key:**

- **S** = Subjective, by history
- **O** = Objective, by a standard testing method
- **=** All children, including newborns, meeting risk criteria for hearing loss should be objectively screened.
- **+** = May be done more frequently if indicated or at increased risk.
- **** = All newborns should be screened for hearing loss at birth and again 2 to 6 weeks afterward if indicated by the first screening or if a screening was not completed at birth.

Revised: 04/01/2014, 4/1/2007, 8/1/2005
# Arizona Health Care Cost Containment System
## Dental Periodicity Schedule

### Recommendations for Preventive Pediatric Oral Health Care*

These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.

<table>
<thead>
<tr>
<th>AGE</th>
<th>12-24 months</th>
<th>2-6 years</th>
<th>6-12 years</th>
<th>12 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical oral examination including but not limited to the following:</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Assess oral growth and development</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Caries-risk Assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Assessment for need for fluoride supplementation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Anticipatory Guidance/Counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Oral hygiene counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Dietary counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Injury prevention counseling</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Counseling for nonnutritive habits</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Substance abuse counseling</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Counseling for intraoral/perioral piercing</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td> Assessment for pit and fissure sealants</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Radiographic Assessment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prophylaxis and topical fluoride</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

1 First examination is encouraged to begin by age 1. Repeat every 6 months or as indicated by child’s risk status/susceptibility to disease.

**Note:** Parents or caregivers should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

**Note:** As in all medical care, dental care must be based on the individual needs of the patient and the professional judgment of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule
Summary of billing codes

The following is a summary of codes that pertain to AHCCCS performance measures. In order to ensure that Mercy Care Plan can accurately identify the members as having received each service, it is vital that the appropriate codes (as identified below) be billed when these services are provided. For additional coding resources, please refer to the provider section at www.MercyCarePlan.com.

Well-child visits: 0-15 months of age
Children should have 6 or more comprehensive well-child visits before 15 months of age.

<table>
<thead>
<tr>
<th>CPT</th>
<th>ICD-9-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>99381, 99382, 99391, 99392, 99461</td>
<td>V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</td>
</tr>
</tbody>
</table>

Well-child visits: 3-6 years of age
A comprehensive well-child visit annually from 3-6 years of age.

<table>
<thead>
<tr>
<th>CPT</th>
<th>ICD-9-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>99382, 99383, 99392, 99393</td>
<td>V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</td>
</tr>
</tbody>
</table>

Adolescent well-care visits: 12-20 years of age
A comprehensive well-child visit annually from 12-20 years of age.

<table>
<thead>
<tr>
<th>CPT</th>
<th>ICD-9-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>99383-99385, 99393-99395</td>
<td>V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</td>
</tr>
</tbody>
</table>
Dental visits: 1–20 years of age

First dental examination is encouraged by age 1. Repeat every 6 months or as indicated by child’s risk status / susceptibility to disease.

| CPT          | 70300, 70310, 70320, 70350, 70355 |

* CDT (Current Dental Terminology) is the equivalent dental version of the CPT Physician Procedural Coding System.

Childhood immunization: 0–2 years of age

Prior to their 2nd birthday, children should have 4 DTaP, 3 IPV, 1 MMR, 1 VZV, 3 Hib, 3 Hep B, 4 PCV, 2 Hep A, 2 or 3 Rotavirus (depending on dose used), and 2 flu vaccines.

All recommended child and adolescent immunizations are covered by Vaccines for Children, as specified in the AHCCCS Recommended Childhood Immunization Schedules.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>CPT</th>
<th>ICD-9-CM Diagnosis</th>
<th>ICD-9-CM Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>90698, 90700, 90721, 90723</td>
<td></td>
<td>99.39</td>
</tr>
<tr>
<td>IPV</td>
<td>90698, 90713, 90723</td>
<td></td>
<td>99.41</td>
</tr>
<tr>
<td>MMR</td>
<td>90707, 90710</td>
<td></td>
<td>99.48</td>
</tr>
<tr>
<td>Measles and rubella</td>
<td>90708</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>90705</td>
<td>055</td>
<td>99.45</td>
</tr>
<tr>
<td>Mumps</td>
<td>90704</td>
<td>072</td>
<td>99.46</td>
</tr>
<tr>
<td>Rubella</td>
<td>90706</td>
<td>056</td>
<td>99.47</td>
</tr>
<tr>
<td>HiB</td>
<td>90645–90648, 90698, 90721, 90748</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B**</td>
<td>90723, 90740, 90744, 90747, 90748</td>
<td>070.2, 070.3, V02.61</td>
<td></td>
</tr>
<tr>
<td>VZV</td>
<td>90710, 90716</td>
<td>052, 053</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate</td>
<td>90669, 90670</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>90633</td>
<td>070.0, 070.1</td>
<td></td>
</tr>
<tr>
<td>Rotavirus (two-dose schedule)</td>
<td>90681</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus (three-dose schedule)</td>
<td>90680</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>90655, 90657, 90661, 90662</td>
<td></td>
<td>99.52</td>
</tr>
</tbody>
</table>

* ICD-9-CM Diagnosis codes indicate evidence of disease.

** The two-dose hepatitis B antigen Recombivax is recommended for children between 11 and 14 years of age only and is not included in this table.
Adolescent immunizations
Adolescents should receive one MCV and one Tdap (or Td) prior to their 13th birthday. These shots are suggested at 11-12 years of age.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>CPT</th>
<th>ICD-9-CM Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal</td>
<td>90733, 90734</td>
<td></td>
</tr>
<tr>
<td>Tdap</td>
<td>90715</td>
<td>99.39</td>
</tr>
<tr>
<td>Td</td>
<td>90714, 90718</td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td>90703</td>
<td>99.38</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>90719</td>
<td>99.36</td>
</tr>
</tbody>
</table>

Use of appropriate medications for people with asthma
Members 5–64 years of age who have persistent asthma should be utilizing one of the asthma controller medications listed below. These medications are all a part of the Mercy Care Plan formulary.

Table ASM-D: Asthma controller medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhaled steroid combinations</td>
<td>• Budesonide-formoterol • Fluticasone-salmeterol</td>
</tr>
<tr>
<td>Inhaled corticosteroids</td>
<td>• Budesonide • Flunisolide • Fluticasone CFC free</td>
</tr>
<tr>
<td>Leukotriene modifiers</td>
<td>• Montelukast • Zafirlukast</td>
</tr>
<tr>
<td>Mast cell stabilizers</td>
<td>• Cromoly</td>
</tr>
<tr>
<td>Methylxanthines</td>
<td>• Theophylline</td>
</tr>
</tbody>
</table>

Timeliness of prenatal and postpartum care
To ensure that pregnant members receive a prenatal care visit within the first trimester or within 42 days of enrollment with the health plan, and have a postpartum visit on or between 21 and 56 days after delivery.

Codes to identify prenatal care:

- **CPT**: 59400°, 59425°, 59426°, 59510°, 59610°, 59618°
- **CPT Category II**: 0500F, 0501F, 0502F

° Generally, these codes are used on the date of delivery, not on the first date for OB care, so this code is useful only if the claim form indicates when prenatal care was initiated.
Codes to identify postpartum visits

<table>
<thead>
<tr>
<th>CPT</th>
<th>CPT Category II</th>
<th>ICD-9-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>57170, 58300, 59400°,</td>
<td>0503F</td>
<td>V24.1, V24.2, V25.1,</td>
</tr>
<tr>
<td>59410°, 59430, 59510°,</td>
<td></td>
<td>V72.3, V76.2</td>
</tr>
<tr>
<td>59515°, 59610°, 59614°,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59618°, 59622°, 88141-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88143, 88147, 88148,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88150, 88152-88155,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88164-88167, 88174,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88175, 99501</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comprehensive diabetes care

Diabetic members age 18–75 should have each of these services, at least annually:
- Hemoglobin A1c (HbA1c) test
- Eye exam (retinal) performed
- LDL-C Screening

Table CDC-D: Codes to identify HbA1c tests

<table>
<thead>
<tr>
<th>CPT</th>
<th>CPT Category II</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>83036, 83037</td>
<td>3044F, 3045F, 3046F</td>
<td>4548-4, 4549-2, 17856-6,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>59261-8, 62388-4</td>
</tr>
</tbody>
</table>

Table CDC-G: Codes to identify eye exams

<table>
<thead>
<tr>
<th>CPT</th>
<th>CPT Category II</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>67028, 67030, 67031, 67036,</td>
<td>2022F, 2024F, 2026F, 3072F***</td>
<td>S0620, S0621, S0625, S3000</td>
</tr>
<tr>
<td>67039-67043, 67101, 67105,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67107, 67108, 67110, 67112,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67113, 67121, 67141, 67145,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67208, 67210, 67218, 67220,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67221, 67227, 67228, 92002,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92004, 92012, 92014, 92018,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92019, 92134, 92225-92228,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92230, 92235, 92240, 92250,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>92260, 99203-99205, 99213-99215, 99242-99245</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** CPT Category II code 3072F can only be used if the claim/encounter was during the measurement year because it indicates the member had “no evidence of retinopathy in the prior year.” Additionally, because the code definition itself indicates results were negative, an automated result is not required.

Table CDC-H: Codes to identify LDL-C screening

<table>
<thead>
<tr>
<th>CPT</th>
<th>CPT Category II</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>80061, 83700,</td>
<td>3048F, 3049F, 3050F</td>
<td>2089-1, 12773-8, 13457-7,</td>
</tr>
<tr>
<td>83701, 83704,</td>
<td></td>
<td>18261-8, 18262-6, 22748-8,</td>
</tr>
<tr>
<td>83721</td>
<td></td>
<td>39469-2, 49132-4, 55440-2</td>
</tr>
</tbody>
</table>
Nutritional supplemental process

Mercy Care Plan covers commercial oral nutritional supplements for EPSDT-eligible members when determined medically necessary to provide nourishment and increase caloric intake as a supplement to the member’s intake of other age appropriate foods, or as the sole source of nutrition for the member.

- Prior authorization (PA) is required for commercial oral nutritional supplements on a temporary basis due to an emergent condition.
- PA is not required for the first 30 days if the member requires commercial oral nutritional supplements on a temporary basis due to an emergent condition.

Medical necessity for commercial oral nutritional supplements must be determined on an individual basis by the member’s PCP or attending physician.

At least two of the following criteria must be met:
1. The member is at or below the 10th percentile on the appropriate growth chart for their age and gender for three months or more.
2. The member has reached a plateau in growth and/or nutritional status for more than six months (pubescent).
3. The member has already demonstrated a medically significant decline in weight within the past three months (prior to assessment).
4. The member is able to consume/eat no more than 25% of his/her nutritional requirements from age-appropriate food sources.
5. An absorption problem as evidenced by emesis, diarrhea, dehydration, and/or weight loss and intolerance to milk or formula products has been ruled out.
6. The member requires nutritional supplements on a temporary basis due to an emergent condition; i.e. post hospitalization (PA not required for the first 30 days), or
7. The member is at high risk for regression due to chronic disease or condition and there are no alternatives for adequate nutrition.

Option 1 is Mercy Care Plan’s vendor for all nutritional supplements.

Please submit the AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements directly to AHCCCS at:
Phone: 480-883-1188
Toll-free: 1-866-883-1188
Fax: 480-883-1193
Commercial oral nutritional supplements

Mercy Care Plan covers commercial oral nutritional supplements for EPSDT-eligible members when determined medically necessary to provide nourishment and increase caloric intake as a supplement to the member’s intake of other age appropriate foods, or as the sole source of nutrition for the member.

- PA is required for commercial oral nutritional supplements unless the member is also currently receiving nutrition through enteral or parenteral feedings.
- PA is not required for the first 30 days if the member requires commercial oral nutritional supplements on a temporary basis due to an emergent condition.

Medical necessity for commercial oral nutritional supplements must be determined on an individual basis by the member’s PCP or attending physician.

At least two of the following criteria must be met:
1. The member is at or below the 10th percentile on the appropriate growth chart for their age and gender for three months or more
2. The member has reached a plateau in growth and/or nutritional status for more than six months (prepubescent)
3. The member has already demonstrated a medically significant decline in weight within the past three months (prior to the assessment)
4. The member is able to consume/eat no more than 25% of his/her nutritional requirements from age-appropriate food sources
5. Absorption problems as evidenced by emesis, diarrhea, dehydration, and/or weight loss and intolerance to milk or formula products has been ruled out
6. The member requires nutritional supplements on a temporary basis due to an emergent condition; i.e. post-hospitalization (PA is not required for the first 30 days), or
7. The member is at high risk for regression due to chronic disease or condition and there are no alternatives for adequate nutrition.

Option 1 is Mercy Care Plan’s vendor for all nutritional supplements.

Please forward the AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements directly to them at:
Phone: 480-883-1188
Toll free: 1-866-883-1188
Fax: 480-883-1193
II. Childhood immunizations
Successful strategies for childhood immunizations

According to recent literature, combinations of office-based systems - including chart and flagging for needed services, risk-assessment forms, flow sheets, and reminder/recall systems - can improve immunization rates. Studies have also found that providing patient and/or parent/guardian education using multiple strategies appear to be more effective than single efforts. Highlighted below are the current best practices.

Chart previewing

- Review patient records prior to the scheduled appointment to check for skipped or missed immunizations.
- Use the State or local registry to check for vaccinations that could be given at each visit.
- Review each patient’s immunization status at all visits - including acute, chronic care and/or well-child appointments.

Parent communication

- Put parents at ease during children’s immunizations.
- Distribute Vaccine Information Statements (VIS) prior to administering the vaccine.
- Explain the importance of immunizations to parents, be open and understanding towards parents’ concerns. Use handouts to help in these discussions, and to answer further questions.
- Teach parents restraint techniques, comfort measures and aftercare.
- If parent/guardian does not wish to immunize their child/children have the parent sign the “Refusal to Immunize Form” and place in patients charts.

Office procedures

- Offer immunization-only appointments to increase accessibility.
- Take every opportunity that a patient is in the office to immunize him/her if appropriate.
- Maintain a manual list of patients whose parents/guardians are not compliant with recommended immunizations. Call the parents/guardians to have them bring their child in for an appointment.
- Give the parents/guardians and immunization schedule at their child’s first visit.

Ongoing education and communication

- Produce printed labels for each of the vaccinations given to children. These labels should indicate the vaccine and lot numbers.
- When shots are administered, place a label in the progress note sections of the patient’s chart, this helps reduce the amount of time spent on documenting such vaccines.
- Maintain procedures and/or proper documentation tools for all steps associated with immunizing a patient.
Childhood immunizations: Points to remember

1. Childhood immunizations required by 2 years of age (children should have the following shots BEFORE their 2nd birthday):
   - 4 DTap by 18 months
   - 3 IPV by 18 months
   - 3 Hep B by 18 months
   - 3 Hib by 18 months
   - 2 Hep A
   - 1 MMR between 12 and 18 months
   - 1 VZV between 12 and 18 months
   - 4 PCV by 18 months
   - 2 or 3 RV (Rotavirus) by 8 months.

2. DTaP, IPV or Hib vaccinations administered prior to 42 days after births are invalid.

3. The 4th dose of DTaP may be administered as early as 12 months of age, provided six months have elapsed since the 3rd dose.

4. The 3rd dose of HepB must be given after six months of age.

5. If PRP-OMP (Pedvax Hib or Comvax HepB-Hib) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.

6. When to document contraindications in ASIIS:
   - When child has had chicken pox - document HISTORY (contraindications) for the Varicella vaccine.
   - If the parent/guardians refuse vaccinations for their child due to religious or philosophical beliefs - document PARENT REFUSAL (vaccine deferrals) for all vaccines refused.

7. If parent/guardian does not wish to immunize their child/children have the parent sign the “Refusal to Immunize Form” and place in patients chart.
Creating an immunization friendly office environment

Providers are mandated under Arizona Revised Statute (A.R.S. §36-135) to report all immunizations administered to children from birth to 18 years of age using ASIIS.

Entering all immunizations (including historical records) into ASIIS is not only required but will result in fewer communications from health plans. Children who are up to date on their shots in ASIIS are not included in provider outreach or requests for records during audits.

The Arizona State Immunization Information System (ASIIS) program offers tools and services to enhance the quality of your immunization service delivery.

ASIIS provides training the first Tuesday of each month and advanced classes are offered quarterly. In these trainings and classes, you will learn how to use the following features:

• **Reminder/recall postcard and labels:** Now you can send out reminders to get your patients back on time for their next series of immunizations.
• **Forecasting:** What shots does a child need next and when?
• **Access to millions of patient records and each patient’s immunization history.**
• **Vaccines for Children Program vaccine accountability reports.**
• **A mean of electronically reporting your data to ASIIS:** Reduce your office’s paper load and avoid data entry.

For more information or technical assistance regarding ASIIS:
Call: 1-877-491-5741, or log onto: https://asiis.azdhs.gov

Other important immunization phone numbers

**Arizona Immunization Program office**
Office ........................................................................................................................................................................602-364-3630
www.azdhs.gov/phs/immunization/

**National Immunization Program**
(CDC)..................................................................................................................................................................1-800-232-4636
www.cdc.gov

**Vaccines for Children Program**
(VFC)..................................................................................................................................................................602-364-3642
www.azdhs.gov

**The Arizona Partnership for Immunization**
(TAPI)..................................................................................................................................................................602-288-7568
www.whyimmunize.org
PATIENT IMMUNIZATION RECORDS

1. Viewing Patient Records
2. Editing Patient Records
3. Adding New Patients
4. Reporting Administered Immunizations
5. Recording Historical Immunizations
6. Vaccination Forecasts and Summary
To search for a patient, use the initial of the patient’s first name, the patient’s date of birth and click **Search**. In the example below, we are searching for Minnie Mouse born on January 16, 2011.
If the patient record appears in the search results, simply click the arrow next to the patient name to view/edit the record. If the record does not appear the patient will need to be added to the registry. Please see slide 20 for instructions on adding new patients to ASIIS.

Only users with editing privileges are allowed to add patients to ASIIS.
This is the patient demographic screen. Always verify that the information listed in the patient demographic screen is correct and up to date. If there are any changes that need to be made, simply click [Edit]. Only users with editing privileges are allowed to add patients to ASIIS.
Fill in the additional information and click save.
To view the selected patient’s immunization record select “View/Add” from the **Vaccinations** tab located in the navigation bar.
This is a screen shot of the Patient Vaccination View/Add screen.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTapHibIPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep A 2 dose - Ped/Adol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B - Ped/Adol - pres free</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hb-PRP-OMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza split 8-35 mos pres free</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR/Vacilla</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal, PCV-13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus, pentavalent RV5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTapHibBIPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTapRv</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV, quadrivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV, bivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hb-PRP-T</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza split 46+ mos pres free</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza, Influenza, pres free</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ADDING NEW PATIENTS
To add a patient record, begin by searching for the patient. The most efficient search method is to use the initial of the patient’s first name and the patient’s date of birth. By utilizing this method you will help to identify and prevent any duplications or inaccuracies in the patient’s record.
This patient record was not found. The patient will need to be added.
To add a new patient record, complete the fields highlighted in red. Click the “Check here if adding a new patient” box and select.
Verify that the patient record you are attempting to add does not appear in the patient search results.
If the patient does not appear in the search results, click [Add Patient] to proceed.
Complete the patient demographic form.

<table>
<thead>
<tr>
<th>Patient Demographics Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name: GIMMEA</td>
</tr>
<tr>
<td>Middle Name: GOOD</td>
</tr>
<tr>
<td>Last Name: SHOT</td>
</tr>
<tr>
<td>Suffix: --none--</td>
</tr>
<tr>
<td>Birth Date: 01/01/2000</td>
</tr>
<tr>
<td>Birth File #: 789456</td>
</tr>
<tr>
<td>Sex: FEMALE</td>
</tr>
<tr>
<td>Mother/Maiden Name:</td>
</tr>
<tr>
<td>Military:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
<tr>
<td>Race: Asian</td>
</tr>
<tr>
<td>Ethnicity: American Indian or Alaska Native</td>
</tr>
<tr>
<td>Language: ENGLISH</td>
</tr>
<tr>
<td>SSN: 123-45-8789</td>
</tr>
<tr>
<td>Medicaid #:</td>
</tr>
<tr>
<td>Multiple Birth:</td>
</tr>
<tr>
<td>Inactive:</td>
</tr>
<tr>
<td>VFC Status:</td>
</tr>
<tr>
<td>Block Recall:</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Address 1: 1234 America Rd</td>
</tr>
<tr>
<td>Address 2:</td>
</tr>
<tr>
<td>County: United States</td>
</tr>
<tr>
<td>County/Parish: MARICOPA</td>
</tr>
<tr>
<td>Email: <a href="mailto:gimmea@vaccines.com">gimmea@vaccines.com</a></td>
</tr>
<tr>
<td>City: PHOENIX</td>
</tr>
<tr>
<td>State: AZ</td>
</tr>
<tr>
<td>Zip Code: 85007</td>
</tr>
<tr>
<td>Phone: (123)456-7890</td>
</tr>
<tr>
<td>Guardian 1 First: GOTTA</td>
</tr>
<tr>
<td>Guardian 1 Middle: QUICK</td>
</tr>
<tr>
<td>Guardian 1 Last: SHOT</td>
</tr>
<tr>
<td>Guardian 2 First: IVANNA</td>
</tr>
<tr>
<td>Guardian 2 Last: SHOT</td>
</tr>
<tr>
<td>Guardian Work Phone:</td>
</tr>
<tr>
<td>Alias</td>
</tr>
<tr>
<td>First Name:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Secondary Patient Demographics</td>
</tr>
<tr>
<td>Allergies: PEANUTS</td>
</tr>
<tr>
<td>Association: --select--</td>
</tr>
<tr>
<td>Monthly Income: 100000</td>
</tr>
<tr>
<td>Number in Family: 10</td>
</tr>
<tr>
<td>School</td>
</tr>
<tr>
<td>School: AMERISCHOOLS ACADEMY (CHARTER)</td>
</tr>
<tr>
<td>School Entry Date:</td>
</tr>
<tr>
<td>Insurance</td>
</tr>
<tr>
<td>Health Plan:</td>
</tr>
<tr>
<td>Other Health Plan:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>
After completing the patient demographic form click **Save** at the bottom of the page.
The patient was successfully added to ASIIS.
Reporting Administered Immunizations in ASIIS
REPORTING ADMINISTERED IMMUNIZATIONS IN ASIIS

Administered vaccinations are vaccinations that were administered by your practice. Vaccinations administered by your practice must be entered into ASIIS as an administered dose.

This process will ensure that lot numbers are decremented from your inventory in ASIIS.
To add an administered vaccination select “View/Add” from the Vaccinations tab located in the navigation bar.
Enter the date that the vaccine was administered as shown below. To report multiple vaccinations, simply enter the date of administration next to each vaccine that was administered.
Once all of the administration dates have been inputted for all the vaccinations, scroll down and select **Add Administered**.
Enter the eligibility status of the patient and click **Continue**.
To attach the administered vaccine information to the patient record click in the ‘Manufacturer’ text box or on the ‘click to select’ link to enter manufacturer information. This process will ensure that the Lot number is decremented from your inventory in ASIIS.
The ‘Select Lot Number’ box will appear upon clicking on the manufacturer text box or on the ‘click to select’ link. The box will display all of the lot numbers that are listed in your ASIIS inventory for that particular vaccine. To attach the lot number to the patient, click the arrow next to the vaccine that was administered. VFC providers are required to attach the administered lot number information to the patient record.

Note: The lot number must be in your ASIIS inventory to be selected.
Once the vaccine has been selected, ASIIS will automatically populate the appropriate vaccine information as shown below. Once all fields have been completed click **Save**. **This process will effectively decrement this dose from your inventory.**
Once the administered vaccine has been successfully recorded, you will be directed to the **Vaccination View/Add** screen. The vaccination date will appear in **blue** as seen below. To view/edit the vaccination details simply click the date of the vaccination.
This is the Vaccination Detail screen. You can view the vaccine information here.
Before the administered dose was added to ASIIS, the quantity on hand for SAMPLELOT DTaP was 10. Because all of the vaccine information was attached the administered dose, it was decremented (subtracted) from the ASIIS inventory. The quantity on hand for SAMPLELOT DTaP is now 9, as shown below. Click on ‘Reconciliation’ under Lot Numbers in the Navigation Bar to access this screen.
RECORDING HISTORICAL VACCINATION RECORDS IN ASIIS

Historical vaccinations are vaccinations that were NOT administered by your practice.
Use “                        ” if your practice DID NOT administer the vaccine to the patient.

To enter a vaccination that was not administered by your practice, enter the date in an empty box next to the appropriate vaccine and click “                        ”. (You must first select a patient to access this screen.)
Once the historical record is successfully recorded, the date will appear in **blue** letters with an asterisk as shown below.

**Entering records as historical will not decrement lot numbers from your inventory in ASIIS.**
Vaccination Forecasts and Summary
To view the vaccination forecast for the selected patient simply select ‘Forecast’ from the tab in the navigation bar.
The **Vaccination Forecast** identifies the recommended vaccination schedule for the selected patient.

<table>
<thead>
<tr>
<th>Vaccine Family</th>
<th>Dose</th>
<th>Recommended Date</th>
<th>Minimum Valid Date</th>
<th>Overdue Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DT/td</td>
<td>4</td>
<td>01/19/2012</td>
<td>01/19/2012</td>
<td>09/15/2012</td>
<td>Up to Date</td>
</tr>
<tr>
<td>FLU</td>
<td>4</td>
<td>10/01/2013</td>
<td>10/01/2013</td>
<td>10/01/2013</td>
<td>Up to Date</td>
</tr>
<tr>
<td>MMR</td>
<td>2</td>
<td>02/14/2012</td>
<td>01/15/2018</td>
<td>01/15/2018</td>
<td>Up to Date</td>
</tr>
<tr>
<td>POLIO</td>
<td>4</td>
<td>01/10/2015</td>
<td>01/10/2018</td>
<td>01/15/2018</td>
<td>Up to Date</td>
</tr>
<tr>
<td>VARICELLA</td>
<td>2</td>
<td>04/17/2012</td>
<td>01/15/2018</td>
<td>01/15/2018</td>
<td>Up to Date</td>
</tr>
<tr>
<td>HPV</td>
<td>1</td>
<td>01/15/2022</td>
<td>01/10/2024</td>
<td>01/15/2024</td>
<td>Up to Date</td>
</tr>
<tr>
<td>MENINGOCOCCAL</td>
<td>1</td>
<td>01/15/2022</td>
<td>01/15/2022</td>
<td>01/15/2022</td>
<td>Up to Date</td>
</tr>
</tbody>
</table>

* DTaP or DT should be given to patients under 7 years of age. One dose of Tdap should be administered to underimmunized children 7 years of age and older or as a booster dose. td should be administered when appropriate.
** If an adolescent has already begun the routine 3 doses Hep-B schedule, they should not be changed to the 2 dose schedule.

**Due Now** — As of today’s date, the patient’s age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

**Past Due** — As of today’s date, the recommended maximum age or the recommended maximum date for this dose has passed.

**Up to Date** — As of today’s date, the patient is due or past due.

**Optional** — This vaccine may be administered today. Although the usual “recommended” date has not been met, the minimum valid date for this dose has been met.
To view the vaccination summary for the selected patient simply select ‘Summary’ from the tab in the navigation bar.
The **Vaccination Summary** report provides an overview of the selected patient’s immunization record.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DTP/He</td>
<td>03/17/2011</td>
<td>05/18/2011</td>
<td>07/18/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV/IPv</td>
<td>03/17/2011</td>
<td>05/18/2011</td>
<td>07/18/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>01/17/2012</td>
<td>12 months</td>
<td>6 months</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>03/17/2011</td>
<td>05/16/2011</td>
<td>07/18/2011</td>
<td>07/18/2011</td>
<td>07/18/2011</td>
<td>07/18/2011</td>
<td>02/14/2012</td>
<td></td>
</tr>
<tr>
<td>Hep A</td>
<td>01/17/2012</td>
<td>12 months</td>
<td>19 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hep B 3 Dose</td>
<td>01/10/2011</td>
<td>02/17/2011</td>
<td>07/18/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>01/17/2012</td>
<td>12 months</td>
<td>6 months</td>
<td>6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>03/17/2011</td>
<td>05/16/2011</td>
<td>07/18/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>10/01/2011</td>
<td>03/14/2012</td>
<td>10/31/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Invalid Vaccinations</th>
<th>Date</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine Deferrals</th>
<th>Vaccine</th>
<th>Dose</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine Contraindications</th>
<th>Vaccine Deferrals</th>
<th>Vaccine</th>
<th>Dose</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You are done!

Please register that you have completed this training module by completing the training registration form at http://www.surveymonkey.com/s/CXL2RPY. You will be asked to provide your name, the module you completed, the date on which you completed the module, and a work email address.
### 2015 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19–23 months</th>
<th>2–3 years</th>
<th>4–6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>IPV</td>
<td>IPV</td>
</tr>
<tr>
<td>RV</td>
<td>RV</td>
<td>RV</td>
<td>RV</td>
<td>RV</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>IPV</td>
<td>IPV</td>
</tr>
<tr>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
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**NOTE:** Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

| Shaded boxes indicate the vaccine can be given during shown age range. |

**FOOTNOTES:**

1. Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

2. Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

### For more information, call toll free
**1-800-CDC-INFO** (1-800-232-4636)
or visit
[http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

**U.S. Department of Health and Human Services**
Centers for Disease Control and Prevention

**American Academy of Family Physicians**
Strong Medicine for America

**American Academy of Pediatrics**
Dedicated to the Health of All Children®
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease spread by</th>
<th>Disease symptoms</th>
<th>Disease complications</th>
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<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella vaccine</td>
<td>Air, direct contact</td>
<td>Rash, tiredness, headache, fever</td>
<td>Infected blisters, bleeding disorders, encephalitis, pneumonia (infection in the lungs), death</td>
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<td>protects against</td>
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<td>chickenpox</td>
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<tr>
<td>Diphtheria</td>
<td>DTaP* vaccine</td>
<td>Air, direct contact</td>
<td>Sore throat, mild fever, weakness, swollen glands in neck</td>
<td>Swollen of the heart muscle, heart failure, cona, paralysis, death</td>
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<td>protects against</td>
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<td>diphtheria</td>
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<tr>
<td>Hib</td>
<td>Hib vaccine</td>
<td>Air, direct contact</td>
<td>May be no symptoms unless bacteria enter the blood</td>
<td>Liver failure, arthritis/joint pain, kidney, pancreatic, and blood disorders</td>
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<td>Hepatitis A</td>
<td>Hep A vaccine</td>
<td>Direct contact, contaminated food or water</td>
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<tr>
<td></td>
<td>protects against</td>
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<td>hepatitis A</td>
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<tr>
<td>Hepatitis B</td>
<td>HepB vaccine</td>
<td>Air, direct contact</td>
<td>May be no symptoms, fever, headache, weakness, jaundice (yellowing of skin and eyes), jaundice, joint pain</td>
<td>Encephalitis (brain swelling), pneumonia (infection in the lungs), death</td>
</tr>
<tr>
<td></td>
<td>protects against</td>
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<tr>
<td>Measles</td>
<td>MMR** vaccine</td>
<td>Air, direct contact</td>
<td>May be no symptoms, fever, cough, runny nose, fatigue</td>
<td>Liver failure, arthritis/joint pain, kidney, pancreatic, and blood disorders</td>
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<td>Pertussis</td>
<td>DTaP* vaccine</td>
<td>Air, direct contact</td>
<td>May be no symptoms, fever, cough, runny nose, fatigue</td>
<td>Pneumonia (infection in the lungs), death</td>
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<td>protects against</td>
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<td>pertussis</td>
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<tr>
<td>Polio</td>
<td>IPV vaccine</td>
<td>Air, direct contact</td>
<td>May be no symptoms, fever, cough, runny nose, fatigue</td>
<td>Polio (a pause in breathing in infants), encephalitis, meningitis (infection in the spinal cord), death</td>
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<tr>
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<tr>
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<td>polio</td>
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<tr>
<td>Pneumococcal</td>
<td>PCV vaccine</td>
<td>Air, direct contact</td>
<td>May be no symptoms, sore throat, fever, cough, runny nose, fatigue</td>
<td>Pneumonia (infection in the lungs), death</td>
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<tr>
<td>Rubella</td>
<td>MMR** vaccine</td>
<td>Air, direct contact</td>
<td>May be no symptoms, pneumonia (infection in the lungs), death</td>
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<td></td>
<td>protects against</td>
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<tr>
<td>Tetanus</td>
<td>DTaP* vaccine</td>
<td>Air, direct contact</td>
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2015 Vacunas recomendadas para niños, desde el nacimiento hasta los 6 años de edad

<table>
<thead>
<tr>
<th>Edad</th>
<th>Vacuna</th>
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<tbody>
<tr>
<td>al nacer</td>
<td>HepB, 2 dosis §</td>
</tr>
<tr>
<td>1 mes</td>
<td>HepB</td>
</tr>
<tr>
<td>2 meses</td>
<td>RV</td>
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<tr>
<td>4 meses</td>
<td>DTaP</td>
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<td>6 meses</td>
<td>Hib</td>
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<td>12 meses</td>
<td>PCV</td>
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<td>15 meses</td>
<td>IPV</td>
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<td>18 meses</td>
<td>Influenza (anual)*</td>
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<td>19–23 meses</td>
<td>MMR</td>
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<tr>
<td>2–3 años</td>
<td>Varicela</td>
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<tr>
<td>4–6 años</td>
<td>HepA, 2 dosis §</td>
</tr>
</tbody>
</table>

NOTA: Si su hijo no recibió una de las dosis, no se necesita volver a empezar, solo llévelo al pediatra para que le apliquen la siguiente. Consulte a su médico si tiene preguntas sobre las vacunas.

NOTAS A PIE DE PÁGINA:
- Se recomiendan dos dosis con un intervalo de por lo menos cuatro semanas para los niños de 6 meses a 8 años que reciban por primera vez la vacuna contra la influenza y para otros niños en este grupo de edad.
- Se requieren dos dosis de la vacuna HepA para brindar una protección duradera. La primera dosis de la vacuna HepA se debe administrar durante los 12 y los 23 meses de edad. La segunda dosis se debe administrar 6 a 18 meses después. La vacuna HepA se puede administrar a todos los niños de 12 meses de edad o más para protegerlos contra la hepatitis A. Los niños y adolescentes que no recibieron la vacuna HepA y tienen un riesgo alto, deben vacunarse contra la hepatitis A.
- Si su niño tiene alguna afección que lo pone en riesgo de contraer infecciones o si va a viajar al extranjero, consulte al pediatra sobre otras vacunas que pueda necesitar.

Más información al reverso sobre enfermedades prevenibles con las vacunas y las vacunas para prevenirlas.

Para más información, llame a la línea de atención gratuita 1-800-CDC-INFO (1-800-232-4636) o visite http://www.cdc.gov/vaccines
<table>
<thead>
<tr>
<th>Enfermedad</th>
<th>Vacuna</th>
<th>Enfermedad transmitida por</th>
<th>Signos y síntomas de la enfermedad</th>
<th>Complicaciones de la enfermedad</th>
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<tbody>
<tr>
<td>Varicela</td>
<td>Vacuna contra la varicela.</td>
<td>Aire, contacto directo</td>
<td>Sarpullido, cansancio, dolor de cabeza, fiebre</td>
<td>Ampollas infectadas, trastornos hemorrágicos, encefalitis (inflamación del cerebro), neumonía (infección en los pulmones)</td>
</tr>
<tr>
<td>Difteria</td>
<td>La vacuna DTaP* protege contra la difteria.</td>
<td>Aire, contacto directo</td>
<td>Dolor de garganta, fiebre moderada, debilidad, inflamación de los ganglios del cuello</td>
<td>Inflamación del músculo cardíaco, insuficiencia cardíaca, coma, parálisis, muerte</td>
</tr>
<tr>
<td>Hib</td>
<td>La vacuna contra la Hib protege contra <em>Haemophilus influenzae</em> serotipo b.</td>
<td>Aire, contacto directo</td>
<td>Puede no causar síntomas a menos que la bacteria entre en la sangre</td>
<td>Meningitis (infección en las membranas que recubren el cerebro y la médula espinal), discapacidad intelectual, epiglotitis (infección que puede ser mortal en la que se bloquea la tráquea y origina graves problemas respiratorios) y neumonía (infección en los pulmones), muerte</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>La vacuna HepA protege contra la hepatitis A.</td>
<td>Contacto directo, comida o agua contaminada</td>
<td>Puede no causar síntomas, fiebre, dolor de estómago, pérdida del apetito, cansancio, vómito, ictericia (coloración amarilla de la piel y los ojos), orina oscura</td>
<td>Insuficiencia hepática, artralgia (dolor en las articulaciones), trastorno renal, pancreático y de la sangre</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>La vacuna HepB protege contra la hepatitis B.</td>
<td>Contacto con sangre o líquidos corporales</td>
<td>Puede no causar síntomas, fiebre, dolor de cabeza, vómito, ictericia (coloración amarilla de los ojos y la piel) dolor en las articulaciones</td>
<td>Infección crónica del hígado, insuficiencia hepática, cáncer de hígado</td>
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<tr>
<td>Influenza (gripe)</td>
<td>La vacuna influenza protege contra la gripe o influenza.</td>
<td>Aire, contacto directo</td>
<td>Fiebre, dolor muscular, dolor de garganta, tos, cansancio extremo</td>
<td>Neumonía (infección en los pulmones)</td>
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<tr>
<td>Sarampión</td>
<td>La vacuna MMR** protege contra el sarampión.</td>
<td>Aire, contacto directo</td>
<td>Sarpullido, fiebre, tos, moqueo, conjuntivitis</td>
<td>Encefalitis (inflamación del cerebro), neumonía (infección en los pulmones), muerte</td>
</tr>
<tr>
<td>Paperas</td>
<td>La vacuna MMR** protege contra las paperas.</td>
<td>Aire, contacto directo</td>
<td>Inflamación de glándulas salivales (debajo de la mandíbula), fiebre, dolor de cabeza, canancio, vómito, ictericia (coloración amarilla de la piel y los ojos), orina oscura</td>
<td>Meningitis (infección en las membranas que recubren el cerebro y la médula espinal), encefalitis (inflamación del cerebro), inflamación de los testículos o los ovarios, sordera</td>
</tr>
<tr>
<td>Tosferina</td>
<td>La vacuna DTaP* protege contra la tosferina (<em>pertussis</em>).</td>
<td>Aire, contacto directo</td>
<td>Tos intensa, moqueo, apnea (interrupción de la respiración en los bebés)</td>
<td>Neumonía (infección en los pulmones), muerte</td>
</tr>
<tr>
<td>Poliomielitis</td>
<td>La vacuna IPV protege contra la poliomielitis.</td>
<td>Aire, contacto directo, por la boca</td>
<td>Puede no causar síntomas, dolor de garganta, fiebre, náuseas, dolor de cabeza</td>
<td>Parálisis, muerte</td>
</tr>
<tr>
<td>Infección neumocócica</td>
<td>La vacuna PCV protege contra la infección neumocócica.</td>
<td>Aire, contacto directo</td>
<td>Puede no causar síntomas, neumonía (infección en los pulmones)</td>
<td>Bacteremia (infección en la sangre), meningitis (infección en las membranas que recubren el cerebro y la médula espinal), muerte</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>La vacuna RV protege contra el rotavirus.</td>
<td>Por la boca</td>
<td>Diarrea, fiebre, vómito</td>
<td>Diarrea intensa, deshidratación</td>
</tr>
<tr>
<td>Rubéola</td>
<td>La vacuna MMR** protege contra la rubéola.</td>
<td>Aire, contacto directo</td>
<td>Los niños infectados por rubéola a veces presentan sarpullido, fiebre y ganglios linfáticos inflamados</td>
<td>Muy grave en las mujeres embarazadas: puede causar aborto espontáneo, muerte fetal, parto prematuro, defectos de nacimiento</td>
</tr>
<tr>
<td>Tétano</td>
<td>La vacuna DTaP* protege contra el tétano.</td>
<td>Exposición a través de cortaduras en la piel</td>
<td>Rígidez del cuello y los músculos abdominales, dificultad para tragar, espasmos musculares, fiebre</td>
<td>Fractura de huesos, dificultad para respirar, muerte</td>
</tr>
</tbody>
</table>

* La vacuna DTaP combina la protección contra la difteria, el tétano y la tosferina.
** La vacuna MMR combina la protección contra el sarampión, las paperas y la rubéola.
Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Diphtheria (Can be prevented by Tdap vaccine)
Diphtheria is a very contagious bacterial disease that affects the respiratory system, including the lungs. Diphtheria bacteria can be passed from person to person by direct contact with droplets from an infected person's cough or sneeze. When people are infected, the diphtheria bacteria produce a toxin (poison) in the body that can cause weakness, sore throat, low-grade fever, and swollen glands in the neck. Effects from this toxin can also lead to swelling of the heart muscle and, in some cases, heart failure. In severe cases, the illness can cause coma, paralysis, and even death.

Hepatitis A (Can be prevented by HepA vaccine)
Hepatitis A is an infection of the liver caused by hepatitis A virus. The virus is spread primarily person-to-person through the fecal-oral route. In other words, the virus is taken in by mouth from contact with objects, food, or drinks contaminated by the feces (stool) of an infected person. Symptoms include fever, tiredness, loss of appetite, nausea, abdominal discomfort, dark urine, and jaundice (yellowing of the skin and eyes). An infected person may have no symptoms but may have mild illness for a week or two, or may have severe illness for several months that requires hospitalization. In the U.S., about 100 people die from hepatitis A every year.

Hepatitis B (Can be prevented by HepB vaccine)
Hepatitis B is an infection of the liver caused by hepatitis B virus. The virus spreads through blood contact, sexual contact, or contact with infected body fluids, for example, from sharing personal items, such as razors or during sex. Hepatitis B causes a flu-like illness with loss of appetite, nausea, vomiting, rash, joint pain, and jaundice. The virus stays in the liver of some people for the rest of their lives and can result in severe liver diseases, including fatal cancer.

Human Papillomavirus (Can be prevented by HPV vaccine)
Human papillomavirus is a common virus. HPV is most common in people in their teens and early 20s. It is the major cause of cervical cancer in women and genital warts in women and men. The strains of HPV that cause cervical cancer and genital warts are spread during sex.

Influenza (Can be prevented by annual flu vaccine)
Influenza is a highly contagious viral infection of the nose, throat, and lungs. The virus spreads easily through droplets when an infected person coughs or sneezes and can cause mild to severe illness. Typical symptoms include a sudden high fever, chills, a dry cough, headache, runny nose, sore throat, and muscle pain. Extreme fatigue can last from several days to weeks. Influenza may lead to hospitalization or even death, even among previously healthy children.

Measles (Can be prevented by MMR vaccine)
Measles is one of the most contagious viral diseases. Measles virus is spread by direct contact with the airborne respiratory droplets of an infected person. Measles is so contagious that just being in the same room after a person who has measles has already left can result in infection. Symptoms usually include a rash, fever, cough, and red, watery eyes. Fever can persist, rash can last for up to a week, and coughing can last about 10 days. Measles can also cause pneumonia, seizures, brain damage, or death.

Meningococcal Disease (Can be prevented by MCV vaccine)
Meningococcal disease is caused by bacteria and is a leading cause of bacterial meningitis (infection around the brain and spinal cord) in children. The bacteria are spread through the exchange of nose and throat droplets, such as when coughing, sneezing, or kissing. Meningococcal disease also causes blood infections. One of every 100 people who get the disease dies from it. Survivors of meningococcal disease may lose their arms or legs, become deaf, have problems with their nervous systems, become developmentally disabled, or suffer seizures or strokes.

Mumps (Can be prevented by MMR vaccine)
Mumps is an infectious disease caused by the mumps virus, which is spread in the air by a cough or sneeze from an infected person. A child can also get infected with mumps by coming in contact with a contaminated object, like a toy. The mumps virus causes fever, headaches, painful swelling of the salivary glands under the jaw, fever, muscle aches, and loss of appetite. Severe complications for children who get mumps are uncommon, but can include meningitis (infection of the covering of the brain and spinal cord), encephalitis (inflammation of the brain), and a rare hearing loss, swelling of the testes, which can lead to sterility in men.

Pertussis (Whooping Cough) (Can be prevented by Tdap vaccine)
Pertussis is caused by bacteria spread through direct contact with respiratory droplets when an infected person coughs or sneezes. In the beginning, symptoms of pertussis are similar to the common cold, including runny nose, sneezing, and cough. After 1-2 weeks, pertussis can cause spells of violent coughing and choking, making it hard to breathe, drink, or eat. This cough can last for weeks. Pertussis is most serious for babies, who can get pneumonia, have seizures, become brain damaged, or even die. About two-thirds of children under 1 year of age who get pertussis must be hospitalized.

Pneumococcal Disease (Can be prevented by Pneumococcal vaccine)
Pneumococcal disease is an infection of lungs that can be caused by the bacteria called pneumococcus. This bacteria can cause other types of infections too, such as ear infections, sinus infections, meningitis (infection of the covering around the brain and spinal cord), bacteremia and sepsis (bloodstream infection). Sinus and ear infections are usually mild and are much more common than the more severe forms of pneumococcal disease. However, in some cases pneumococcal disease can be fatal or result in long-term problems, like brain damage, hearing loss and limb loss.

Pneumococcal disease spreads when people cough or sneeze. Many people have the bacteria in their nose or throat at one time or another without being ill—this is known as being a carrier.

Poliomyelitis (Polio) (Can be prevented by IPV vaccine)
Polio is caused by a virus that lives in an infected person's throat and intestines. It spreads through contact with the feces (stool) of an infected person and through droplets from a sneeze or cough. Symptoms typically include sudden fever, sore throat, headache, muscle weakness, and pain. In about 1% of cases, polio can cause paralysis. Among those who are paralyzed, up to 5% of children may die because they become unable to breathe.

Rubella (German Measles) (Can be prevented by MMR vaccine)
Rubella is caused by a virus that is spread through coughing and sneezing. In children rubella usually causes a mild illness with fever, swollen glands, and a rash that lasts about 3 days. Rubella rarely causes serious illness or complications in children, but can be very serious to a baby in the womb. If a pregnant woman is infected, the result to the baby can be devastating, including miscarriage, serious heart defects, mental retardation and loss of hearing and eye sight.

Tetanus (Lockjaw) (Can be prevented by Tdap vaccine)
Tetanus is caused by bacteria found in soil. The bacteria enters the body through a wound, such as a deep cut. When people are infected, the bacteria produce a toxin (poison) in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to "locking" of the jaw so a person cannot open his or her mouth, swallow, or breathe. Complete recovery from tetanus can take months. Three of ten people who get tetanus die from the disease.

Varicella (Chickenpox) (Can be prevented by varicella vaccine)
Chickenpox is caused by the varicella zoster virus. Chickenpox is very contagious and spreads very easily from infected people. The virus can spread from either a cough, sneeze. It can also spread from the blisters on the skin, either by touching them or by breathing in these viral particles. Typical symptoms of chickenpox include an itchy rash with blisters, tiredness, headache and fever. Chickenpox is usually mild, but it can lead to severe skin infections, pneumonia, encephalitis (brain swelling), or even death.

If you have any questions about your child's vaccines, talk to your healthcare provider.
### 2014 Vacunas recomendadas para los niños de los 7 años hasta los 18 años de edad

#### 7-10 AÑOS
- **La vacuna Tdap**

#### 11-12 AÑOS
- **Tetano, Difteria, Pertusis (Tdap) Vaccine**
- **La vacuna HPV (3 dosis)**
- **La vacuna meningocócica conjugada (MCV4) 1 dosis**

#### 13-18 AÑOS
- **La vacuna Tdap**
- **La vacuna HPV**
- **Dosis de la vacuna MCV4**
- **Vacuna de refuerzo a los 16 años**
- **Influenza (anual)**
- **La vacuna neumocócica**
- **La serie de vacunas contra la hepatitis A (HepA)**
- **La serie de vacunas contra la hepatitis B (HepB)**
- **La serie de vacunas inactivadas contra la polio (IPV)**
- **La serie de vacunas contra el sarampión, las paperas y la rubéola (MMR)**
- **La serie de vacunas contra la varicela**

Los casilleros sombreados de este color indican cuándo se recomienda la vacuna para todos los niños, a menos que su médico le indique que a su hijo no se le puede administrar la vacuna de manera segura.

Los casilleros sombreados de este color indican que se esta vacuna se le debe poner a los niños que se están poniendo al día con las vacunas que no se ha puesto.

Los casilleros sombreados de este color indican que la vacuna se recomienda para los niños que tienen ciertas afecciones de salud que los ponen en alto riesgo de contraerse de enfermedades graves. Tenga en cuenta que los niños sanos se pueden poner la serie de las vacunas HepA6. Vea las recomendaciones específicas para cada vacuna en: [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).

### NOTAS A PIE DE PÁGINA

1. La vacuna Tdap es una vacuna combinada que se recomienda a los 11 o 12 años de edad para proteger contra el tétanos, la difteria y la pertusis. Si a su hijo no le han puesto ninguna vacuna de la serie DTaP, o si usted no sabe si a su niño le han puesto estas vacunas, su hijo necesita una sola dosis de la vacuna Tdap cuando tiene entre 7 a 10 años de edad. Converse con el proveedor médico de su niño para ver si necesita vacunas de actualización.

2. A todos los niños de 11 o 12 años de edad, tanto varones como mujeres, se les debe poner 3 dosis de la vacuna HPV para protegerlos contra enfermedades relacionadas con el HPV [Virus del papiloma humano]. A las niñas y a las mujeres jóvenes se les puede poner cualquiera de las vacunas contra el HPV, ya sea Cervarix® o Gardasil®; a los niños y los hombres jóvenes se les puede poner solamente una vacuna contra el HPV, es decir, Gardasil®.

3. La vacuna meningocócica conjugada (MCV) se recomienda a la edad de 11 o 12 años. A los 16 años de edad se recomienda una vacuna de refuerzo. A los adolescentes que se les puso la vacuna MCV por primera vez entre los 13 y 15 años de edad se les tiene que poner una dosis de refuerzo entre los 16 y 18 años de edad. Si su adolescente no se vacunó cuando tenía entre 11 y 12 años, o si no se vacunó cuando tenía entre 13 y 15 años, se le recomienda que se vacune con la vacuna MCV4 a partir de los 16 años de edad. Converse con su proveedor médico sobre la vacuna MCV4 y qué factores pueden poner en riesgo a su hijo de contraer una enfermedad neumocócica.

4. Todas las personas de 6 meses de edad en adelante, entre ellos, los preadolescentes y los adolescentes, deben ponerse una vacuna contra la influenza todos los años. Los niños menores de 9 años de edad podrían necesitar ponerse más de una dosis. Hable con su proveedor de salud para saber si necesita ponerse más de una dosis.

5. La vacuna antineumocócica conjugada 13-valente (PVC13) y la vacuna antineumocócica polisacárida 23-valente (PPSV23) están recomendadas para algunos niños de entre 6 y 18 años que posean ciertas afecciones médicas que los ponen en riesgo de contraer esta enfermedad. Consulte a su proveedor de atención médica sobre las vacunas antineumocócicas y qué factores pueden poner en riesgo a su hijo de contraer una enfermedad neumocócica.

6. La vacuna contra la hepatitis A se recomienda para los niños mayores que tienen ciertas condiciones médicas que los ponen en mayor riesgo. La vacuna HepA está autorizada, es segura y eficaz para niños de todas las edades. Incluso si su niño no se encuentra en alto riesgo de contagiarse de esta enfermedad, usted podría desear proteger a su hijo contra la HepA. Converse con su proveedor médico sobre la vacuna HepA y sobre qué factores podrían poner a su niño en mayor riesgo de contraer la HepA.

Para obtener mayor información, llame gratuitamente al 1-800-CDC-INFO (1-800-232-4636) o visite el sitio web: [http://www.cdc.gov/vaccines/teens](http://www.cdc.gov/vaccines/teens)
Las infecciones de los senos nasales y del oído normalmente son leves y son mucho más comunes que las formas más graves. Sin embargo, muchas personas tienen una forma de infección que puede ser fatal o traer consigo problemas de largo plazo tales como daños cerebrales, pérdida de la audición y de las extremidades. La enfermedad neumocócica se transmite cuando las personas infectadas tosen o estornudan. Sin embargo, muchas personas tienen la bacteria en la nariz o la garganta en un momento u otro sin estar enfermas, eso se conoce por el nombre de ser portador de la enfermedad.

Enfermedades que se pueden prevenir con vacunas y las vacunas que las previenen

La enfermedad meningocócica (Se puede prevenir con la vacuna MCV)

La polio (Se puede prevenir con la vacuna OPV)

La rubéola (Sarampión aleman) (Se puede prevenir con la vacuna MMR)

La sarampión (Se puede prevenir con la vacuna MMR)

La fiebre amarilla (Se puede prevenir con la vacuna FAV)

La gripe (Se puede prevenir con la vacuna anual contra la influenza)

La enfermedad meningocócica (Se puede prevenir con la vacuna MCV)

La enfermedad meningocócica (Se puede prevenir con la vacuna MCV)

El tétanos (Trismo) (Se puede prevenir con la vacuna Tdap)

La enfermedad meningocócica (Se puede prevenir con la vacuna MCV)

La enfermedad meningocócica (Se puede prevenir con la vacuna MCV)

Si tiene alguna pregunta acerca de las vacunas de su niño, hable con su proveedor médico.
**FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind — United States, 2014.**

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Minimum Interval Between Doses</th>
<th>Dose 3 to dose 4</th>
<th>Dose 4 to dose 5</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Dose 1 to dose 2</td>
<td>Dose 2 to dose 3</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Hepatitis B†</td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks and at least 18 weeks after first dose; minimum age for the final dose is 24 weeks</td>
<td></td>
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<tr>
<td></td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus†</td>
<td>8 weeks</td>
<td>4 weeks</td>
<td>4 weeks†</td>
<td>8 months</td>
</tr>
<tr>
<td></td>
<td>6 weeks</td>
<td>4 weeks†</td>
<td></td>
<td>6 months†</td>
</tr>
<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis ‡</td>
<td>6 weeks</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 weeks†</td>
<td></td>
<td></td>
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<tr>
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<td>6 weeks</td>
<td>4 weeks</td>
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<td></td>
<td></td>
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<tr>
<td>Pneumococcal†</td>
<td>6 weeks</td>
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<tr>
<td></td>
<td></td>
<td>4 weeks†</td>
<td></td>
<td></td>
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<tr>
<td>Measles, mumps, &amp; rubella†</td>
<td>6 weeks</td>
<td>4 weeks†</td>
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<td></td>
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<tr>
<td></td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella†</td>
<td>12 months</td>
<td>4 weeks</td>
<td></td>
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<tr>
<td></td>
<td>6 months</td>
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<tr>
<td>Inactivated poliovirus†</td>
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<td>4 weeks</td>
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<td></td>
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<td></td>
<td>6 weeks†</td>
<td>4 weeks</td>
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<tr>
<td></td>
<td>12 months†</td>
<td>4 weeks†</td>
<td></td>
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</tr>
</tbody>
</table>

**NOTE:** The above recommendations must be read along with the footnotes of this schedule.
Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2014

For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

For vaccine recommendations for persons 19 years of age and older, see the adult immunization schedule.

Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered 5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see MMWR, General Recommendations on Immunization and Reports / Vol. 60 / No. 2, Table 1. Recommended and minimum ages and intervals between vaccine doses available online at http://www.cdc.gov/mmwr/pdf/ir/rr6002.pdf.
- Information on travel vaccine requirements and recommendations is available at http://www.cdc.gov/travel/destinations/list.

1. Hepatitis B (HepB) vaccine. (Minimum age: birth)

Routine vaccination:

As birth:
- Administer monovalent HepB vaccine to all newborns before hospital discharge.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
- If mother's HBsAg status is unknown, within 12 hours of birth and administered HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG to infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

Doses following the birth dose:
- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1, or 2 months, and 6 months starting as soon as feasible. See Figure 2.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose and at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 18 years.
- For other catch-up guidance, see Figure 2.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both Rotarix and RotaTeq)

Routine vaccination:

Administers a series of RV vaccine to all infants as follows:
- 1. If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
- 2. If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
- 3. If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

Catch-up vaccination:

- The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

Routine vaccination:
- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- For other catch-up guidance, see Figure 2.

4. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel)

Routine vaccination:
- Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
- Tdap may be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Tdap vaccine is recommended during pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.

Catch-up vaccination:

- Persons aged 11 through 18 years who are not fully immunized with Tdap vaccine should receive Tdap vaccine at 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should not be administered. Td should be administered instead 10 years after the Tdap dose.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.

Indications for Tdap vaccine:
- If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can receive a Tdap booster dose at age 11 through 12 years.
- Indications for Tdap inadvertently administered to an adolescent aged 11 through 18 years should be counted as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

5. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-T [ActHib], PRP-OMP [PedvaxHib or COMVAX], 12 months for PRP-T [Hibrix])

Routine vaccination:
- Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used) at age 12 through 15 months to complete a full Hib vaccine series.
- The primary series with ActHib, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series of PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
- One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hibrix vaccine. Hibrix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.
For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

5. *Hemophilus influenzae* type b (Hib) conjugate vaccine (cont'd)

   **Catch-up vaccination:**
   - If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
   - If dose 1 was administered at ages 12 through 14 months, and dose 2 was administered at ages 15 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
   - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later, regardless of Hib vaccine used for first dose.
   - If first dose is administered at younger than 12 months and second dose is given between 12 through 14 months of age, a third (and final) dose should be given within 8 weeks.
   - For unvaccinated children aged 15 months or older, administer only 1 dose.

   For catch-up guidance, see Figure 2. For the most recent guidance related to MenB, please see the meningococcal vaccine footnotes and also MMWR March 22, 2013; 62(9RR2):1-22, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   **Vaccination of persons with high-risk conditions:**
   - Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiencies, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine at 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
   - For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.

   Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.

   - A single dose of any Hib-containing vaccine should be administered to unimmunized children and adolescents aged 15 through 19 months of age and older undergoing an elective splenectomy. If possible, vaccine should be administered at least 14 days before procedure.

   - Hib vaccine is not routinely recommended for patients aged 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons aged 5 through 18 years of age with human immunodeficiency virus (HIV) infection.

   *Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.*

6. Pneumococcal vaccines (cont'd)
   - Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
   - The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
   - For children with no history of PSV23 vaccination, administer PSV23 at least 8 weeks after the most recent dose of PCV13.
     - For children aged 6 through 8 years who have cerebrospinal fluid leak; cochlear implants; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.
   - If administered PCV13 or PSV23 has been received previously, administer 1 dose of PCV13 and 1 dose of PSV23 at least 8 weeks later.
   - If PCV13 has been received previously but PSV23 has not, administer 1 dose of PSV23 at least 8 weeks after the most recent dose of PCV13.
   - If PSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PSV23.
   - For children aged 6 through 8 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma treated with high-dose oral corticosteroids), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PCV7, administer 1 dose of PSV23. If PCV13 has been received previously, then PSV23 should be administered at least 8 weeks after any prior PCV13 dose.
   - A single revaccination with PCV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

   **Routine vaccination schedule:**
   - Administer 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and 6 months before the next dose.

   Catch-up for IPV:
   - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
   - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
   - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
   - If both IPV and OPV were administered as part of a series, a total of 6 doses should be administered, regardless of the age at first IPV. IPV is not routinely recommended for U.S. residents aged 18 years or older.
   - For other catch-up guidance, see Figure 2.

   **Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV]).**

   Routine vaccination schedule:
   - Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had influenza in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to more serious influenza complications. For all other contraindications to use of LAIV, see MMWR 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   For children aged 6 months through 8 years:
   - For the 2013–14 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2013-14 ACP Influenza vaccine recommendations, MMWR 2013; 62 (No. RR-7):1-43, available at http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf.

   For the 2014–15 season, follow dosing guidelines in the 2014 ACP Influenza vaccine recommendations.

   For persons aged 9 years and older:
   - Administer 1 dose.
For further guidance on the use of the vaccines mentioned below, see: http://www.cdc.gov/vaccines/hcp/acip-recs/index.html.

9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)
   Routine vaccination:
   - Administer a 2-dose series of MMR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
   - Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
   - Administer 2 doses of MMR vaccine to children aged 12 months and older before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.
   - Catch-up vaccination:
     - Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine at the minimum interval between the 2 doses of 4 weeks.

10. Varicella (VAR) vaccine. (Minimum age: 12 months)
    Routine vaccination:
    - Administer a 2-dose series of VAR vaccine at ages 12 through 15 months and 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
    - Catch-up vaccination:
      - Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56 [No. RR-4], available at http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children aged 7 through 12 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid).
      - If persons aged 13 years and older, the minimum interval between doses is 4 weeks.

11. Hepatitis A (HepA) vaccine. (Minimum age: 12 months)
    Routine vaccination:
    - Initiate the 2-dose HepA vaccine series at ages 12 through 15 months; separate the doses by 6 to 18 months.
    - Children who have received 1 dose of HepA vaccine before age 24 months should receive a second dose 6 to 18 months after the first dose.
    - For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.
    - Catch-up vaccination:
      - The minimum interval between the two doses is 6 months.
    Special populations:
    - Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in an area where hepatitis A vaccination programs target older children, or who are at increased risk for infection. This includes people traveling to or working in countries that have high or intermediate endemicity of infection: men having sex with men; users of injection and non-injection illicit drugs; persons who work with HIV-infected priates or with HIV in a research laboratory; persons with clotting factor disorders; persons with chronic liver disease; and persons who are gay, bisexual, or have had multiple sex partners.

12. Human papillomavirus (HPV) vaccines. (Minimum age: 9 years for HPV2 [Cervarix] and HPV4 [Gardasil])
    Routine vaccination:
    - Administer a 3-dose series of HPV vaccine on a schedule of 0, 1-2, and 6 months to all adolescents aged 11 through 12 years. Either HPV2 or HPV4 may be used for females, and only HPV4 may be used for males.
    - The vaccine series may be started at age 9 years.
    - Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose 24 weeks after the first dose and 16 weeks after the second dose (minimum interval of 12 weeks).
    - Catch-up vaccination:
      - Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
      - Use recommended routine dosing intervals (see above) for vaccine series catch-up.

13. Meningococcal conjugate vaccines. (Minimum age: 6 weeks for Hib-MenB (MenBrix), 9 months for MenACWY-D (Menactra), 2 months for MenACWY-CRM (Menveo))
    Routine vaccination:
    - Administer a 2-dose series of Menactra or Menveo vaccine at age 11 through 12 years, with a booster dose at age 16 years.
    - Adolescents aged 13 through 18 years with human immuno deficiency virus (HIV) infection should receive a 2-dose primary series of Menactra or Menveo with at least 8 weeks between doses.
    - Infants aged 2 months through 18 years with high-risk conditions, see below.
    - Catch-up vaccination:
      - Administer Menactra or Menveo vaccine at age 13 through 18 years if not previously vaccinated.
      - If the first dose is administered at age 13 through 12 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
      - If the first dose is administered at age 16 years or older, a booster dose is not needed.
      - For other catch-up guidance, see Figure 2.
    Vaccination of persons with high-risk conditions and other persons at increased risk of disease:
    - Children with chronic or functional asplenia (including sickle cell disease).
    - Children younger than 16 months of age, administer a 4-dose infant series of MenBrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
    - For children aged 19 through 23 months who have not previously received a complete series of MenBrix or Menveo, administer 2 primary doses of MenBrix at age 12 through 15 months of age.
    - For children aged 24 months and older who have not received a complete series of MenBrix or Menveo, administer 2 primary doses of MenBrix or Menveo at age 12 through 15 months of age.
    - Children with persistent complement component deficiency.
      - For children younger than 16 months of age, administer a 4-dose infant series of MenBrix or Menveo at 2, 4, 6, and 12 through 15 months of age.
      - For children aged 19 through 23 months who have not previously received a complete series of MenBrix or Menveo, administer 2 primary doses of MenBrix at age 12 through 15 months of age.
    - For children aged 24 months and older who have not received a complete series of MenBrix or Menveo, administer 2 primary doses of MenBrix or Menveo at age 12 through 15 months of age.
    - For children who travel to reside in countries in which meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or the Hajj, administer an age-appropriate formulation and series of Menactra or Menveo for protection against serogroups A and W meningococcal disease. Prior receipt of MenBrix is not sufficient for children traveling to the meningitis belt or the Hajj because it does not contain serogroups A or W.
    - For children at risk during a community outbreak attributable to a vaccine serogroup, administer or complete an age-appropriate formulation and series of MenBrix or Menveo, as appropriate.
    - Catch-up recommendations for persons with high-risk conditions:
      1. If MenBrix is administered to achieve protection against meningococcal disease, a complete age-appropriate series of MenBrix should be administered.
      2. If the first dose of MenBrix is given at or after 12 months of age, a total of 2 doses should be given at least 8 weeks apart to achieve seroprotection against serogroups H and Y meningococcal disease.
      3. For children who initiate vaccination with MenBrix at 7 months through 9 months of age, a 2-dose series should be administered with the second dose after 12 months of age and at least 3 months after the first dose.

Information for Health Care Professionals about Adolescent Vaccines

The Centers for Disease Control and Prevention (CDC) recommends four vaccines for adolescents to prevent:

- **Tetanus, Diphtheria, Pertussis**
  - *Note:* Recommendations for catch-up dose and minimum interval
- **Meningococcal disease**
  - *Note:* A booster shot for teens
- **Human papillomavirus**
  - *Note:* Added indications for Gardasil; recommendation for boys
- **Influenza**
  - *Note:* Universal recommendation for everyone 6 months and older

These recommendations are supported by the American Academy of Pediatrics, the American Academy of Family Physicians, and the Society for Adolescent Health and Medicine.

What can YOU do to ensure your patients get fully vaccinated?

- *Strongly* recommend adolescent vaccines to parents of your 11 through 18 year old patients. Parents trust your opinion more than anyone else’s when it comes to immunizations. Studies consistently show that provider recommendation is the strongest predictor of vaccination.
- Use every opportunity to vaccinate your adolescent patients. Ask about vaccination status when they come in for sick visits and sports physicals.
- Patient reminder and recall systems such as automated postcards, phone calls and text messages are effective tools for increasing office visits.
- Educate parents about the diseases that can be prevented by adolescent vaccines. Parents may know very little about pertussis, meningococcal disease, or HPV.
- Implement standing orders policies so that patients can receive vaccines without a physician examination or individual physician order.

Direct parents who want more information on vaccines and vaccine-preventable diseases to visit the CDC website at http://www.cdc.gov/vaccines/teens or to call 800-CDC-INFO.

**Note about syncope:** For all vaccines given during adolescence, syncope has been reported in both boys and girls. To avoid serious injury related to a syncopal episode, adolescents should always be sitting or lying down to receive vaccines, remain so for 15 minutes, AND be observed during this time.

Overview of Adolescent Vaccination Recommendations

- All 11 or 12 year olds should receive a single dose of Tdap vaccine if they have completed the recommended childhood DTP/DTaP vaccination series and have not received Tdap.
- All 11 or 12 year olds should receive a single dose of meningococcal vaccine, with a booster dose at age 16 years.
- All girls 11 or 12 years old should get 3 doses of either HPV vaccine to protect against cervical cancer; All boys 11 or 12 years old should get 3 doses of quadrivalent HPV vaccine to protect against genital warts and anal cancer.
- All adolescents should receive a single dose of influenza vaccine every year.
Arizona Immunization Program Vaccines for Children (VFC)

Background
The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The program was officially implemented in October 1994 as part of the President’s Childhood Immunization Initiative. Funding for the VFC Program allows the Centers for Disease Control and Prevention (CDC) to buy vaccines at a discount from the manufacturers and distribute them to state health departments and certain local and territorial public health agencies, which in turn distribute them at no charge to private physician offices and public health clinics registered as VFC providers.

*Excerpted from the Federal VFC Operations Guide

Eligibility criteria
Children birth through 18 years of age who meet at least one of the following criteria on the day the vaccine is administered are eligible to receive VFC vaccine:

- Medicaid eligible: In Arizona, children whose health insurance is covered by the Arizona Health Care Cost Containment System (AHCCCS )
- Un-insured: A child who has no health insurance coverage
- American Indian or Alaska Native: As defined by the Indian Health Services Act
- Under-insured*:  
  - A child who has commercial (private) health insurance but the coverage does not include vaccines,
  - A child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only),
  - A child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured and is eligible to receive VFC vaccines.

*As of July 1, 2013, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), County Health Departments and approved deputized providers are allowed to serve the VFC eligibility category of Underinsured. All other providers will only be allowed to serve the VFC eligibility categories of Medicaid, Un-insured, and American Indian/Alaskan Native. There are also no changes to providers’ ability to serve KidsCare children.

Provider enrollment
Please type information into the enrollment documents and print to sign. VFC enrollment documents that are missing information will be returned for completion. If you are a first time VFC applicant please call the VFC office at 602-364-3642 before completing the enrollment packet.

Providers who completed re-enrollment in 2014 will remain valid until 2016. Re-enrollment for 2016 will begin in late spring or early fall of 2015. More information on this will occur later in 2015. (Example of forms included)

Vaccine storage & handling
Appropriate management of the program and components (i.e. vaccine storage and handling, eligibility screening, etc.) are critical to ensure good stewardship of the program and to ensure our children are being vaccinated effectively. Please use the tools below to help enhance your current procedures within your practice. (Links below)

- Guidelines for Storage and Temperature Monitoring of Refrigerated Vaccines
- Vaccine Storage and Handling Toolkit

www.MercyCarePlan.com
Provider resources
• LogTag Data Logger Webinar
• VFC Program Vaccine Availability Form
• VFC 2014-2015 Influenza Vaccine Update
• VFC Influenza Order Training Module 2014-2015
• VFC Provider Update, June 2014
• VFC 2013-2014 Influenza Vaccine Update
• Frequently Asked Questions about Vaccine Program Policies - 06/13/2013
• Updates from the Vaccine Center, February 2013
• VFC Site Visit Evaluation
ARIZONA VACCINES FOR CHILDREN (VFC) PROGRAM
2015 PROVIDER AGREEMENT

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>VFC Pin#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>County:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

Shipping Address (if different than facility address):

| City: | County: | State: | Zip: |

MEDICAL DIRECTOR OR EQUIVALENT

Instructions: The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

<table>
<thead>
<tr>
<th>Last Name, First, MI:</th>
<th>Title:</th>
<th>Specialty:</th>
</tr>
</thead>
<tbody>
<tr>
<td>License No.:</td>
<td>Medicaid or NPI No.:</td>
<td>Employer Identification No. (optional):</td>
</tr>
</tbody>
</table>

Provide Information for second individual as needed:

<table>
<thead>
<tr>
<th>Last Name, First, MI:</th>
<th>Title:</th>
<th>Specialty:</th>
</tr>
</thead>
<tbody>
<tr>
<td>License No.:</td>
<td>Medicaid or NPI No.:</td>
<td>Employer Identification No. (optional):</td>
</tr>
</tbody>
</table>

Primary Vaccine Coordinator Name:

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed annual training:</td>
<td>Type of training received:</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

Back-Up Vaccine Coordinator Name:

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed annual training:</td>
<td>Type of training received:</td>
</tr>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>
### PROVIDERS PRACTICING AT THIS FACILITY (additional spaces for providers at end of form)

**Instructions:** List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>License No.</th>
<th>Medicaid or NPI No.</th>
<th>EIN (Optional)</th>
</tr>
</thead>
</table>
**PROVIDER AGREEMENT**

*To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:*

1. I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.

2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:

   **A. Federally Vaccine-eligible Children (VFC eligible)**
   1. Are an American Indian or Alaska Native;
   2. Are enrolled in Medicaid;
   3. Have no health insurance;
   4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputation agreement.

   **B. State Vaccine-eligible Children**
   1. In addition, to the extent that my state designates additional categories of children as “state vaccine-eligible”, I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.

Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are **not** eligible to receive VFC-purchased vaccine.

3. For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:

   a) In the provider’s medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;

   b) The particular requirements contradict state law, including laws pertaining to religious and other exemptions.

4. I will maintain all records related to the VFC program for a minimum of six years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.

5. I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.

6. I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of $21.33 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.

7. I will not deny administration of a publicly purchased vaccine to an established patient because the child’s
<p>| | |</p>
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<tbody>
<tr>
<td>parent/guardian/individual of record is unable to pay the administration fee.</td>
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<tr>
<td>8.</td>
<td>I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).</td>
</tr>
<tr>
<td>9.</td>
<td>I will comply with the requirements for vaccine management including:   a) Ordering vaccine and maintaining appropriate vaccine inventories;   b) Not storing vaccine in dormitory-style units at any time;   c) Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet Arizona Immunization Program Office storage and handling requirements;   d) Returning all spoiled/expired public vaccines to CDC’s centralized vaccine distributor within six months of spoilage/expiration</td>
</tr>
<tr>
<td>10.</td>
<td>I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with “fraud” and “abuse” as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:   <strong>Fraud:</strong> is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.   <strong>Abuse:</strong> provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.</td>
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<tr>
<td>11.</td>
<td>I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.</td>
</tr>
<tr>
<td>12.</td>
<td>For providers with a signed deputization Memorandum of Understanding between a FQHC or RHC and the Arizona Immunization Program Office to serve underinsured VFC-eligible children, I agree to:   a) Include “underinsured” as a VFC eligibility category during the screening for VFC eligibility at every visit;   b) Vaccinate “walk-in” VFC-eligible underinsured children; and   c) Report required usage data   Note: “Walk-in” in this context refers to any underinsured child who presents requesting a vaccine; not just established patients. “Walk-in” does not mean that a provider must serve underinsured patients without an appointment. If a provider’s office policy is for all patients to make an appointment to receive immunizations then the policy would apply to underinsured patients as well.</td>
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<tr>
<td>13.</td>
<td>For pharmacies, urgent care, or school located vaccine clinics, I agree to:   a) Vaccinate all “walk-in” VFC-eligible children and   b) Will not refuse to vaccinate VFC-eligible children based on a parent’s inability to pay the administration fee.   Note: “Walk-in” refers to any VFC eligible child who presents requesting a vaccine; not just established patients. “Walk-in” does not mean that a provider must serve VFC patients without an appointment. If a provider’s office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.</td>
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<tr>
<td>14.</td>
<td>I will comply with all Arizona Immunization statues and rules regarding childcare and school</td>
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immunizations, and shall report all immunizations administered to children birth through 18 years of age to the Arizona Immunization Information System (ASIIS) within 30 days of administration. ARS 36-135; ARS 36-374; R9-6-701-707; R9-5-304-305.

I will be responsible for the actions of my staff regarding the confidentiality of information contained in the registry system. Staff will adhere to the requirements in the ASIIS Confidentiality Policy, which is incorporated by reference into this agreement.

I will submit immunization information to ASIIS via direct data entry or electronic reporting. Paper reporting is no longer an available option.

| 15. | I agree to replace vaccine purchased with state or federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis. |
| 16. | I understand this facility or the Arizona Immunization Program Office may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the Arizona Immunization Program Office |

**By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.**

<table>
<thead>
<tr>
<th>Medical Director or Equivalent Name (print):</th>
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<tbody>
<tr>
<td>Signature:</td>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>Name (print) Second individual as needed:</th>
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</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
## ADDITIONAL PROVIDERS

### PROVIDERS PRACTICING AT THIS FACILITY

*Instructions:* List below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>License No.</th>
<th>Medicaid or NPI No.</th>
<th>EIN (Optional)</th>
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</table>
All health care providers participating in the Vaccines for Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status of the facility changes during the calendar year.

Date: ___ ___ / ___ ___ / ___ ___ ___ ___ PIN#____________________

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Provider’s Name:</th>
<th>Facility Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>VFC Contact:</td>
<td></td>
</tr>
</tbody>
</table>

Vaccine Delivery Site Street Address:

<table>
<thead>
<tr>
<th>Delivery City:</th>
<th>Delivery State:</th>
<th>Delivery Zip:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Fax:</th>
<th>Email:</th>
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<table>
<thead>
<tr>
<th>Mailing Address or PO Box:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip:</th>
</tr>
</thead>
</table>

Closed for Lunch: Y____ N____

Hours closed for lunch:

Days when office is open:

Hours when office is open:

FACILITY TYPE (select facility/practice type)

<table>
<thead>
<tr>
<th>Private Facilities</th>
<th>Public Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Private Hospital</td>
<td>□ Public Health Department Clinic</td>
</tr>
<tr>
<td>□ Private Practice (solo/group/HMO)</td>
<td>□ Public Health Department Clinic as agent for FQHC/RHC-deputized</td>
</tr>
<tr>
<td>□ Private Practice (solo/groups as agent for FQHC/RHC-deputized)</td>
<td>□ STD/HIV</td>
</tr>
<tr>
<td>□ Community Health Center</td>
<td>□ Family Planning</td>
</tr>
<tr>
<td>□ Pharmacy</td>
<td>□ Juvenile Detention Center</td>
</tr>
<tr>
<td>□ Birthing Hospital</td>
<td>□ Correctional Facility</td>
</tr>
<tr>
<td>□ School-Based Clinic</td>
<td>□ Drug Treatment Facility</td>
</tr>
<tr>
<td>□ Teen Health Center</td>
<td>□ Migrant Health Facility</td>
</tr>
<tr>
<td>□ Adolescent Only Provider</td>
<td>□ Refugee Health Facility</td>
</tr>
<tr>
<td>□ Other____________________________</td>
<td>□ Woman Infants and children</td>
</tr>
<tr>
<td>□ STD/HIV</td>
<td>□ Migrant Health Facility</td>
</tr>
<tr>
<td>□ Family Planning</td>
<td>□ School-Based Clinic</td>
</tr>
<tr>
<td>□ Juvenile Detention</td>
<td>□ Teen Health Center</td>
</tr>
<tr>
<td>□ Correctional Facility</td>
<td>□ Adolescent Only</td>
</tr>
</tbody>
</table>

Practice Type:

| □ Community Health Center |
| □ Family/General |
| □ Pediatrics |
| □ Other___________________ |
**PROVIDER POPULATION**

Provider Population is based on patients seen during the previous 12 months. **Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made.** The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine. **If you need assistance, please call the VFC Program Office at 602-364-3642.**

<table>
<thead>
<tr>
<th>VFC Vaccine Eligibility Categories</th>
<th># of children who received VFC Vaccine by Age Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;1 Year</td>
</tr>
<tr>
<td>Enrolled in Medicaid (AHCCCS)</td>
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</tr>
<tr>
<td>No Health Insurance (Uninsured)</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Underinsured in FQHC/RHC or deputized facility(^1)</td>
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<tr>
<td><strong>Total VFC:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-VFC Vaccine Eligibility Categories</td>
<td># of children who received non-VFC Vaccine by Age Category</td>
</tr>
<tr>
<td></td>
<td>&lt;1 Year</td>
</tr>
<tr>
<td>Insured (private pay/health insurance covers vaccines)</td>
<td></td>
</tr>
<tr>
<td>Enrolled in CHIP (KidsCare)(^2)</td>
<td></td>
</tr>
<tr>
<td>Underinsured in non-deputized facility(^3)</td>
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</tr>
<tr>
<td><strong>Total Non-VFC:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Patients</strong> (must equal sum of Total VFC + Total Non-VFC)</td>
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</tbody>
</table>

\(^1\)Underinsured - children with health insurance, but the coverage does not include vaccines or the health insurance covers only selected vaccines. Underinsured children are eligible to receive VFC vaccine only for the vaccines that are not covered by health insurance. To receive VFC vaccine, underinsured children may only be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC and the state immunization program in order to vaccinate these underinsured children.

\(^2\)CHIP (KidsCare) – Children enrolled in the state Children’s Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

\(^3\)Underinsured - children with health insurance but the coverage does not include vaccines or the health insurance covers only selected vaccines. When an Underinsured child presents at a non-deputized provider, private vaccine stock is administered for the vaccines that are covered by health insurance. For the vaccines not covered by health insurance, the underinsured child is referred to a deputized provider office, CHD, FQHC or RHC to receive VFC vaccines or administered private vaccine stock and charged out-of-pocket.

**TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION** (choose all that apply)

- Benchmarking
- Medicaid Claims Data
- ASIIS
- Other (must describe): Doses Administered
- Provider Encounter Data
- Billing System
VFC PIN #: _____________

Arizona Vaccines for Children (VFC)
Refrigerator and Freezer Verification Form for 2015

Please indicate the type of units your office is currently using to store VFC vaccines by initialing and listing the number of units in the correct box.

Name of Practice: __________________________________ PIN # ______________

1) Stand-alone Refrigerator - no freezer inside OR A Commercial Refrigerator Unit
   I certify that I have a stand-alone refrigerator.
   __________ Initials
   __________ Number of units
   VFC RECOMMENDED

2) Stand-alone Freezer OR A Commercial Freezer Unit
   I certify that I have a stand-alone freezer.
   __________ Initials
   __________ Number of units
   VFC RECOMMENDED

3) Regular Household Refrigerator With 2 separate outside doors and 2 separate temperature controls
   I certify that I have a regular household refrigerator.
   __________ Initials
   __________ Number of units

Vaccine Statement

In addition to the above stated responses, please answer the following statements to verify that your facility is able to meet all of the VFC storage and handling requirements as outlined in the 2014 VFC Operations Manual.

The refrigerator and freezer have a working, NIST, certified and calibrated thermometer...Yes No
The freezer maintains a temperature of +5F (-15C) to -58F (-50C).........................Yes No
There are currently no dorm style or bar style refrigerators storing vaccines in my office....Yes No
I have a data logger type thermometer in my storage units.................................Yes No

I certify that the above initialed unit(s) will be used to store VFC vaccine. I will monitor temperatures twice daily using a NIST, certified and calibrated glycol thermometer. I also assume responsibility for the vaccines I order and agree to the dose for dose replacement of VFC vaccine doses that have expired or been wasted due to improper storage or failure to maintain proper temperatures.

___________________________________________________________________________________
Signature of Medical Director or Equivalent Date

www.MercyCarePlan.com
Please list the full name(s) of each staff member who will use the ASIIS web application for the purposes of ordering VFC Program vaccine through ASIIS. **This document should be updated and resubmitted to the VFC program quarterly**

1.  
2.  

Primary contact for VFC vaccine ordering: ____________________________________________________________

Permanent practice email address to send user names and passwords for ASIIS: ____________________________

Backline phone number: ______________________________

User will use the following methods to report immunization information to the ASIIS Registry:

- [ ] Web Application (Direct access to the registry via the internet)
- [ ] Practice Management (PMS)/Billing System
- [ ] Electronic Medical Record (EMR)

Name of PMS/EMR: ____________________________ Name of Vendor/Company: ___________________________

Please list the full name(s) of each new and current staff members who will use the web application for the purposes of querying, entering and/or editing immunization data. If you are only using the web application to query (look up) records, you only need “view” privileges.

<table>
<thead>
<tr>
<th></th>
<th>View Privilege</th>
<th></th>
<th>Edit Privilege</th>
<th></th>
<th>View Privilege</th>
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<th>Edit Privilege</th>
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</table>

- **View Privilege** means you can only look at the patient record and immunization record(s).
- **Edit Privilege** means you can view, add and make changes to patient and immunization record(s).

Primary contact for Immunization Data: ________________________________

(please print)

ASIIS is a computer based immunization registry and tracking system implemented by the Arizona Department of Health Services and its partners. It is intended to aid health care professionals and other users who have a need to check a client’s immunization status according to A.R.S § 36-135, R9-6-707, and R9-6-708. Through ASIIS, providers can place orders for publicly funded vaccines to provide to children eligible to receive VFC vaccines. Client-specific information and vaccine ordering privileges are only available to authorized users and the Arizona Department of Health Services. The Users enters into this agreement with the Arizona Department of Health Services and agree to adhere to all requirements that are listed in the Pledge to Protect Confidential Information.
ARIZONA DEPARTMENT OF HEALTH SERVICES

PLEDGE TO PROTECT CONFIDENTIAL INFORMATION

I, _______________________________ understand and agree to abide by the following statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information (“PHI”), and all other sensitive information:

1. I understand that as a user of information at the Arizona Department of Health Services, I may develop, use, or maintain information relating to public health and welfare, direct or indirect health care, quality improvement, peer review, audit functions, education, billing, reimbursement, administration, research or other approved purposes. This information, from any source and in any form, including, but not limited to paper records, oral communications, audio recordings and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

2. I understand that it is the policy of the Arizona Department of Health Services that users (i.e., employees, medical staff, students, volunteers, contractors, vendors and others who may function in an affiliated capacity) shall respect and preserve the privacy, confidentiality and security of confidential information.

3. I understand that persons who have access to information that contains confidential information are ethically and legally responsible for observing the federal and state statutes and rules governing confidential records. I will not alter, misuse, disclose without proper authority or the individual’s authorization any confidential information.

4. I understand that confidential information may include oral communications, paper or electronic documents, databases, audio/visual tapes, and other items identified as "confidential" or "sensitive" information.

5. I understand that Arizona State Law prohibits me from using confidential information for personal gain.

6. I understand that confidential information in my control must be maintained and protected from inappropriate disclosure at all times (i.e., hard copy information when not in use will not be accessible to others, including stored in locked or other secure compartments, computer files must be password protected and closed, working documents turned face down on desk, electronic transmission of information will be encrypted according to Department policy, etc.)
7. I understand that it is the user’s responsibility to protect highly sensitive Department information. As such, I am required to use good judgment in assessing what form of communication is appropriate for particular information. If I have any questions or concerns, I am to consult Department policies, my supervisor or the applicable Assistant Director for guidance.

8. I understand that confidential information may only be accessed when I am specifically authorized to do so by the appropriate program manager and I will use only the amount of information necessary within the scope of my duties. When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent inappropriate access to that information.

9. I understand that confidential information, including paper and electronic records, correspondence, documents and other forms of such information, cannot be released to or discussed with anyone other than authorized individuals. I will also violate this provision if I intentionally or negligently mishandle or destroy confidential information.

10. I understand that I am not to contact the individuals(s) or other related persons to whom confidential information pertains unless I am specifically authorized to do so by law and the appropriate program manager.

11. I understand that it is a violation of Department and State of Arizona policy for me to share my sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas. I further understand that I will not use another person’s sign-on code and/or password or otherwise attempt to access electronic confidential information or to gain physical access to a restricted area that is not within the scope of my work or permitted by my supervisor.

12. I understand that it is my responsibility to know and abide by any additional confidentiality provisions required by my job that may be issued by the Department, Division, Bureau, program or other work unit to which I report. If I have questions about which confidentiality rules apply to my job, I understand that it is my responsibility to ask my supervisor prior to releasing any information, even if the information request is in the form of a subpoena or other legal document.

13. I understand that it is my responsibility to report any observed or suspected breach of confidentiality by any other Department employee to my supervisor.

14. I understand that if it is determined that I have violated this Pledge or any other confidentiality requirement, I may be subject to formal disciplinary action up to and including termination of employment, loss of privileges, contractual or other rights which may be granted as a result of an affiliation in accordance with Department and/or State of Arizona procedures. Unauthorized use or release of confidential information may also subject me to personal, civil, and/or criminal liability and legal penalties.

SERVICE DESIGNATION:  □ Employee  □ Contractor  □ Volunteer  □ Student  □ Other ________

________________________________________  ________________________________  ______________________
Signature                  Title                     Date
Dear VFC Provider,

The Centers for Disease Control and Prevention (CDC) requires all Vaccines for Children (VFC) enrolled providers to participate in an educational training annually. As a result of this requirement, the Arizona VFC Program requires all VFC providers to complete one training webinar each calendar year before annual enrollment can be completed. Providers can select one of the following webinars to meet this requirement.

- “You Call the Shots” Storage and Handling Webinar or
- “You Call the Shots” VFC Requirements Webinar

- The VFC Coordinator and their backup must complete this annual training. It is recommended that all provider staff that are actively involved with the VFC program also complete the training.

- The webinar must be completed before submitting the annual re-enrollment documents. A copy of the certificate of completion must be submitted along with the re-enrollment documents.

- The certificate for completing the webinar must be kept on file at the provider’s office and presented to the VFC site visit reviewer upon request.

Guidance for accessing the training webinars are included in the instructions document attached. Please follow these instructions carefully to ensure complete access to the CDC webinar.

For questions related to this training requirement, please contact the Arizona VFC Program at 602-364-3642.

Sincerely,

Michelle Hanson
Michelle Hanson, RN, MPH
VFC Quality Control Manager
Arizona Immunization Program Office
1. Register at http://www2a.cdc.gov/TCEOnline/index.asp. If you are already a CDC Training and Continuing Education Online Participant, please skip to step 4.

2. Click on New Participant.

3. Complete New Participant Registration Participant Profile. Follow the prompts until your registration is complete.

4. Once complete, go to http://www.cdc.gov/vaccines/ed/youcalltheshots.htm

5. Click on the 2nd or 3rd bullet – Vaccine Storage and Handling or Vaccines for Children (VFC).

6. Scroll to the bottom of the page and click “continue” to start program.

7. Once you have completed the course and you’re on the “Resources” page, click “Click here to Continue.”

8. Print this page or write down the course number and verification code. Click on the link http://www2a.cdc.gov/TCEOnline.

9. Click on the “Participant Login” link.

10. Enter your Login Name and Password, click on the “Log in Now” button.

11. Click on the “Search and Register” link.

12. In the middle section, 2) Keyword Search, type in the course number and click the “View” button.

13. Click on the course link, scroll to the bottom of the page and click on the appropriate CE designation (example, if a Medical Assistant (MA), click on .1 CEU (for other professionals).

14. Complete the demographic information and click “Submit.”

15. Take the Posttest if required, then follow the prompts until you can click on “Certificate.”

16. Print your certificate.
III. Body mass index (BMI)
Body Mass Index (BMI) for children and teens
By Centers For Disease Control and Prevention (CDC)

In children and teens, BMI is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 - 20 years of age. For the 2000 CDC Growth Charts and additional information visit the CDC website, www.cdc.gov/. To use the CDC BMI calculator to calculate BMI log on to www.cdc.gov/nccdphp/dnpa/bmi/.

Each of the CDC BMI-for-age gender specific charts contains a series of curved lines indicating specific percentiles. The following established percentile cutoff points are used to identify underweight and overweight children.

<table>
<thead>
<tr>
<th>Percentile cutoff points</th>
<th>BMI-for-age cutoff</th>
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</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt; 5th percentile</td>
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<tr>
<td>Healthy weight</td>
<td>5th percentile to &lt; 85th percentile</td>
</tr>
<tr>
<td>Overweight</td>
<td>85th percentile to &lt; 95th percentile</td>
</tr>
<tr>
<td>Obese</td>
<td>&gt;=95th percentile</td>
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</tbody>
</table>

If a child is determined to be below the 5th percentile, or above the 85th percentile, the PCP should provide guidance to the member's parent/guardian regarding diet and exercise for the child. Additional services may be provided or referrals made if medically necessary.
**AHCCCS childhood obesity medical guidelines**  
Prevention/reduction guidelines EPSDT 3-20 years of age

<table>
<thead>
<tr>
<th>Tier 1 – prevention</th>
<th>Tier 2 – at-risk</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk factors</strong></td>
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<tr>
<td>Family history</td>
<td>Tier 1 plus</td>
<td>Tier 2 plus</td>
<td>Tier 3 plus</td>
</tr>
<tr>
<td>Birth weight</td>
<td>Identified failure with prevention recommendations</td>
<td>Identified failure with tier 2 recommendations</td>
<td>Identified failure with tier 3 recommendations</td>
</tr>
<tr>
<td>Socioeconomic factors</td>
<td>Significant change in BMI/percentile</td>
<td>Complications in − Dyslipidemia − Glucose tolerance − Triglycerides − Acanthosis nigricans − Elevated blood pressure</td>
<td>Identified willingness to change/desire to changes (tool)</td>
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<tr>
<td>Ethnic factors</td>
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<tr>
<td>Cultural factors</td>
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<tr>
<td>Environmental factors</td>
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</table>

| Tier 1 plus          | Tier 2 plus      | Tier 3 | Tier 4 |
| Calculate body mass index (BMI) and growth percentile annually to identify excessive weight gain relative to linear growth | Identified failure with prevention recommendations | Identified failure with tier 2 recommendations | Identified failure with tier 3 recommendations |
| Pcp identified/ parent identified weight gain relative to linear growth | Tier 1 plus | Tier 2 plus | Tier 3 plus |
| 75th percentile | Recommended medical nutritionist/dietician consultation | Recommended family exercise physiologist consultation | Identified failure with tier 3 recommendations |
| Pcp parent/child education | 85th percentile | 95th percentile or greater | |

- Encourage breastfeeding
- Promote healthy family eating patterns
- Promote family physical activity
- Recommend limitation of t.V./Video 2 hours per day
- Monitor for changes in BMI or growth percentile (cross percentiles)
- Tier 1 plus
- Recommend medical nutritionist/dietician consultation
- Recommend motivational/behavioral therapy consultation
- Evaluate for depression
- Recommendations for weight loss goals
- 85th percentile
- Tier 2 plus
- Recommend family exercise physiologist consultation
- Increase family nutritionist/dietician consultations
- Increase family motivational behavioral therapy consultations
- In-depth medical assessment, including lab work–up

- Enroll in center for excellence obesity management program (train the trainer model)
  - Umc
  - Tmc
  - El rio
  - Kino
- Parent/child agreement to participate and complete program

www.MercyCarePlan.com
### Definitions/Resources


**Center for Excellence** are hospitals or programs that specialize in treating particular illnesses, or performing particular treatments, such as cancer or organ transplants. Agency for Health Care Research and Quality.

**Establishing Weight Loss Goals**
Initial: The first step in weight control for overweight children is maintenance of baseline weight. Achieved through modest changes in diet and activity. Initial success can be the foundation for future changes.

Prolonged Weight Maintenance: Allows for a gradual decline in BMI/percentile as children grow in height, is a sufficient goal for many children.

Weight Loss: For children with a BMI at the 95th percentile or above, the family should be encouraged to demonstrate that they can maintain the child’s weight and then clinicians should recommend additional changes in eating and activity to achieve weight loss of at least one pound per month, until they fall below the 85th percentile, with the primary goal of healthy eating and activity remaining.


**Exercise Physiologist** is a professional who works in the application of exercise and physical activity for those clinical and pathological situations where it has shown to provide therapeutic or functional benefit. An Exercise Physiologist has completed at least an undergraduate degree (or emphasis) in exercise physiology. Reference The American College of Sports Medicine.
Healthy Family Eating Patterns: Reference Smart Eating Basic Nutrition Guidelines, Center for Disease Control website.

In-depth Medical Work-up includes family history, review of birth weight, cultural, ethnic and environmental factors, health assessment, willingness to change assessment tool completion, lab work including lipid profile (triglycerides), thyroid, glucose tolerance test.

Medical Nutritionist/Dietician Consultation focused on establishing dietary goals for patients and their families that are well-balanced, healthy meals and a healthy approach to eating. These changes should be considered permanent rather than a temporary eating plan for rapid weight loss. Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.

The practice of dietetics can be defined as nutritional counseling or education as components of preventive, curative, and restorative health care. Ohio Board of Dietetics website.

Motivational/Behavioral Therapy Consultation focuses on developing an awareness of current eating habits, activities and parenting behavior; identification of problem behaviors; modification of current behavior; continued awareness of behavior and recognition of problems that arise as the child becomes more independent, as family schedules change, or as other changes occur that alter the initial treatment plan. Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.

Parent/Child Agreement to Complete Childhood Obesity Center for Excellence Program is a discussed and signed agreement between the provider and the member and/or their parent/guardian that they agree to follow recommendations and keep appointments scheduled as part of this study.

Parent/Child Educational Tools: Reference the Center for Disease Control website for age appropriate educational tools for parents and children.

Percentiles are growth curves established for children. NCHS will overlay BMI on the growth curve chart in the near future to facilitate use. Reference Overview of the CDC Growth Charts, Polhamus, B., et.al., December 18, 2004 or Centers for Disease Control website.

Provider Tools: Reference the Center for Disease Control website and the American Academy of Pediatrics website for information and educational tools.

Willingness to change/Readiness to change is the use of a standardized tool to determine readiness to change or lose weight. Reference the Provider-based Assessment and Counseling for Exercise program, cosponsored by the Centers for Disease Control and Prevention and the Association for Teachers of Preventive Medicine.

Outcome Measures: At 12 months:
- Reduction in percentile/BMI, or weight loss goal achieved
- If applicable:
  - Improved glucose tolerance
  - Improved triglycerides
  - Reduction in dyslipidemia

Outcome Measures: At 24 months:
- If weight loss goal achieved at 12 months, weight loss has been sustained, or
- If weight loss goal not achieved at 12 months, continued reduction in percentile/BMI or weight loss goal now achieved
- If applicable:
  - Sustained improvement in glucose tolerance (if applicable)
  - Sustained improvement in triglycerides
  - Sustained reduction in dyslipidemia
- Re-measure outcomes through annual on-going measurement at PCP well-child visits.
### 2 to 20 years: Boys

**Body mass index-for-age percentiles**

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI*</th>
<th>Comments</th>
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*To Calculate BMI: Weight (kg) + Stature (cm) + Stature (cm) x 10,000
or Weight (lb) + Stature (in) + Stature (in) x 703

**Published May 30, 2000 (modified 10/16/00).**

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

http://www.cdc.gov/growthcharts
Birth to 24 months: Girls
Head circumference-for-age and
Weight-for-length percentiles

Published by the Centers for Disease Control and Prevention, November 1, 2009
2 to 20 years: Girls
Body mass index-for-age percentiles

<table>
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<th>Date</th>
<th>Age</th>
<th>Weight</th>
<th>Stature</th>
<th>BMI*</th>
<th>Comments</th>
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*To Calculate BMI: Weight (kg) = Stature (cm) / Stature (cm) x 10,000

or

Weight (lb) = Stature (in) / Stature (in) x 703

Published May 30, 2000 (modified 10/16/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

www.MercyCarePlan.com
5-2-1-0
The Smart and Healthy Way to Go!

Eat 5 servings a day of fruits and vegetables

Smart Ideas:
- choose fresh fruit instead of juice
- try a new fruit or vegetable each week
- choose a fruit or vegetable for a snack
- try a new recipe using fruits or vegetables

Spend less than 2 hours a day in front of a screen

Smart Ideas:
- keep TVs, video games and computers out of the bedroom
- plan your TV time (and stick to it)
- don’t eat in front of the TV
- reach for a good book

Spend at least 1 hour every day doing something active

Smart Ideas:
- involve the family – take a walk, go to the park, walk the dog
- try wearing a pedometer and walking 10,000 steps a day
- ride a bike or take a hike
- try a new sport

Limit sweetened drinks (to near 0 a day)

Smart Ideas:
- drink more water
- don’t forget about low-fat milk
- did you know that sports drinks and energy drinks are loaded with sugar?
5-2-1-0

La Manera Inteligente y Sana de Estar!

Comer 5 porciones de frutas y vegetales al día
_Ideas inteligentes:_
- Elegir una fruta o vegetal en lugar de jugo
- Probar una nueva fruta o verdura cada semana
- Elegir una fruta o verdura para merienda
- Probar una nueva receta usando frutas o vegetales

Pase menos de 2 horas frente a una pantalla
_Ideas inteligentes:_
- Mantener televisor, juego de videos, y computadora fuera de la recámara
- Planificar su tiempo de televisión (y cumplirlo)
- No comer frente al televisor
- Alcance un buen libro

Pase por lo menos 1 hora al día haciendo una actividad
_Ideas inteligentes:_
- Involucrarse en la familia-tome una caminata, vaya al parque, camine al perro
- Intente usar un podómetro y dar 10,000 pasos
- Andar en bicicleta o dar una caminata
- Hacer un nuevo deporte

Limitar las bebidas endulzadas (cerca de 0 al día)
_Ideas inteligentes:_
- Beber más agua
- No se olvide leche descremada
- Sabía usted que las bebidas deportivas y bebidas energéticas contienen mucha azúcar?
Take a good look at your plate

Trying to prepare healthy meals can be hard. If you know the right portion sizes it is much easier. Use the picture of the plate and examples below to help you choose the right portion sizes.

Add a cup of 1% milk to complete your healthy meal!

Size up your portions with these household items and common portion sizes:

1 cup of fruits, vegetables, pasta, or rice = baseball
1/2 cup dry beans = light bulb
1/4 cup nuts or 1/4 cup dried fruit = golf ball
1 tablespoon peanut butter = 3 dice

3 ounces chicken or meat = deck of cards
3 ounces fish = checkbook
1 ounce lunch meat = cd
1 slice of bread = cd case
3 ounces muffin or biscuit = tuna can

This material is funded by USDA Supplemental Nutrition Assistance Program (formerly the Food Stamp Program) through Arizona Nutrition Network. These institutions are equal opportunity providers and employers. The Supplemental Nutrition Assistance Program provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more, contact 1-855-432-7587.

Please call Mercy Care Plan Member Services at 602-263-3000 or 1-800-624-3879. If you are deaf or have difficulty hearing, call 7-1-1. Monday through Friday, 7 a.m. to 6 p.m.

Contract services are funded in part under contract with the State of Arizona. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.
Tratar de preparar comidas saludables puede ser difícil. Si usted sabe los tamaños correctos de las porciones es mucho más fácil. Use el dibujo del plato y los ejemplos de abajo para ayudarle a seleccionar el tamaño correcto de las porciones.

¡Agregue una taza de leche al 1% para completar una comida saludable!

**Échele un buen vistazo a su plato**

1 taza de fruta, vegetales, pasta, o arroz = pelota de béisbol
3 onzas de pollo o carne = juego de barajas
1/2 taza de frijoles secos = foco
3 onzas de pescado = chequera
1/4 de taza de nueces ó 1/4 de taza de fruta seca = pelota de golf
1 onza de carnes frías = disco compacto
1 cucharada de mantequilla de maní = 3 dados
1 rebanada de pan = Caja para disco compacto
3 onzas de mollete o panecillo = lata de atún

**Calcule el tamaño de sus porciones comparando estos artículos del hogar con los tamaños comunes de las porciones:**


Por favor llame a Servicios al Miembro de Mercy Care Plan al 602-263-3000 o al 1-800-624-3879. Si usted es sordo o tiene problemas de audición, llame al 7-1-1. Lunes a viernes 7 a.m. a 6 p.m.

Servicios contratados están financiados en parte bajo contrato con el Estado de Arizona. Esta información de salud es general y no debe reemplazar el consejo o cuidado que recibe de su proveedor. Siempre pregúntele a su proveedor sobre sus propias necesidades de cuidados de salud.

**www.MercyCarePlan.com**
**facebook.com/mercycareplan**
**www.MercyCarePlan.com**
IV. Blood lead screening
Dear Mercy Care Plan Provider,

All children 6 months to 6 years old are required to have a verbal lead screening at each EPSDT visit. Children who are high risk and/or ages 12 and 24 months need a blood lead level test.

**REQUIREMENTS**
- Routine blood lead testing at:
  - 12 months of age
  - 24 months of age
  - 36-72 months of age if child has not had previous blood lead level
- Verbal lead screening at each EPSDT visit between ages 6 months to 6 years.
  - Low risk: All verbal lead screen questions are answered no.
  - High risk: One or more lead screen questions are answered Yes. In this case, a blood lead test required at that visit and each subsequent EPSDT visit.

**LEAD SCREENING - QUICK REFERENCE**

<table>
<thead>
<tr>
<th>Blood lead test at:</th>
<th>Verbal blood lead screening at:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Months of age and</td>
<td>6 Months to 6 years of age (at every well child visit)</td>
</tr>
<tr>
<td>24 Months of age or</td>
<td></td>
</tr>
<tr>
<td>Between 24 and 72 months of age if child has not been screened previously</td>
<td></td>
</tr>
</tbody>
</table>

Questions about lead toxicity, testing, treatment or reporting (blood lead level >10 ug/dL is reportable), call the Arizona Department of Health Services at 602-542-1025 or log on to ADHS Lead Poisoning Prevention Program, [www.azdhs.gov/preparedness/epidemiology-disease-control/childhood-lead/index.php](http://www.azdhs.gov/preparedness/epidemiology-disease-control/childhood-lead/index.php).

For your convenience, enclosed is a verbal screening tool that can be filled out in the waiting room. Should you have any questions please do not hesitate to contact Victoria Trujillo at 602-329-7534 or Trujillov2@MercyCareplan.com.

Thank you,

Colleen Soeder, RN
Manager, Prevention & Wellness
# EPSDT verbal lead screening

**Child’s name**

**Date of birth**

**AHCCCS ID #**

**Name of person completing questionnaire**

**Relationship to child**

**PLEASE ANSWER ALL THE QUESTIONS. THIS WILL HELP THE DOCTOR DECIDE IF YOUR CHILD NEEDS A SPECIAL BLOOD TEST.**

### Lead Screening Questionnaire

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child live in, often visit, or play near a house or building built before 1978 with recent remodeling? (This could include a day care center, preschool, and the home of a babysitter or a relative.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does your child live in or visit often a house with peeling or chipping paint built before 1960?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Has your family or child ever lived outside the United States, or has just arrived from a foreign country?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does your child have a brother, sister, housemate or playmate being followed or treated for lead poisoning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does your child often put things in his/her mouth such as toys, jewelry, or keys? Does your child eat anything that is not food?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 6. Does your child often come in contact with an adult whose job or hobby involves exposure to lead?  
(Jobs include house painting, plumbing, remodeling, construction, auto repair, welding, electronics repair, jewelry or pottery making. Hobby examples are making stained glass or pottery, fishing, making or shooting firearms and collecting lead or pewter figurines.) | | |
| 7. Does your child live near an active company that melts lead, battery recycling plant, or another industry likely to release lead? | | |
| 8. Does your family use cosmetics from other countries like kohl, surma, or sindoor? | | |
| 9. Do you give your child any home remedies or traditional medicines that may contain lead? | | |
| 10. Does your child eat food, drink juice or punch that has been stored in pottery from Mexico or that has been stored in open cans? | | |
| 11. Does your child live near a busy roadway where soil and dust may be contaminated with lead? | | |
| 12. Does your home’s plumbing have lead pipes or copper with lead joints? | | |


[www.MercyCarePlan.com](http://www.MercyCarePlan.com)
Cuestionario para Examen de Plomo

Por favor conteste las siguientes preguntas y tráigala con usted a la próxima cita de bienestar infantil de su niño(a). El doctor le ayudara a decidir si su niño(a) esta en riesgo de envenenamiento de plomo.

<table>
<thead>
<tr>
<th>Cuestionario para Examen de Plomo</th>
<th>Si</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ¿Su niño(a) vive, visita seguido, o juega cerca de una casa o edificio construido antes de 1978 con remodelaciones recientes? (Esto puede incluir una guardería, pre-escuela, y la casa de una niñera o un familiar.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ¿Su niño(a) vive o vista seguido una casa con pintura cayéndose o pelándose construida antes de 1960?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ¿Su familia o su niño(a) a vivido fuera de los Estados Unidos, o acaba de llegar de otro país?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. ¿Su hijo(a) tiene un hermano(a), vive con alguien o juega con alguien que ha sido examinado o tratado por envenenamiento de plomo?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. ¿Su niño(a) se mete seguido cosas a la boca tales como juguetes joyería, o llaves? ¿Su niño(a) come cualquier cosa que no sea comida?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. ¿Su niño(a) esta en contacto con un adulto el cual su pasatiempo o trabajo incluye exponerse al plomo?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Trabajos incluyen, pintar casas, plomería, remodelación, construcción, reparación de autos, soldar, reparación de electrónicos, joyería o hacer artesanías. Ejemplos de pasatiempos son hacer vitrales o alfarería, pescar, hacer o disparar armas de fuego y coleccionar figuras de plomo o pewter.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. ¿Su niño(a) vive cerca de una compañía activa que derrite plomo, una planta que recicla baterías, u otra industria parecida que despide plomo?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. ¿Su familia usa cosméticos de otros países como kohl, surma, o sindoor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. ¿Le da usted a su hijo(a) remedios caseros o medicinas tradicionales que puedan contener plomo?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. ¿Su niño(a) come comida, toma jugo o ponche que ha sido guardado en alfarería de México o que ha sido guardada en latas abiertas?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. ¿Su niño(a) vive cerca de una carretera muy transitada donde la tierra y el polvo pudieran estar contaminados de plomo?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. ¿La plomería de su casa tiene pipas de plomo o cobre con soldaduras de plomo?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lab testing frequency for elevated blood lead levels

The following schedule is based upon CDC’s suggested frequency for follow-up lab test. This schedule is to be used as a guide. Consideration should be given to individual patient/caregiver capabilities; frequency follow-up test should be adjusted accordingly.

Test results are $\geq 10$ and $\leq 14$ g/dL
- Retest every 3 mo. With declining BLL, retest in 6–9 mos.
- Continue to monitor until 2 consecutive test are $\leq 10$
- Close to ongoing monitoring

Test results are $\geq 15$ and $\leq 19$ g/dL
- Retest every 1-3 mo. With declining BLL, retest in 3-6 mos.

Test results are $\geq 20$ and $\leq 24$ g/dL
- Retest every 1-3 months

Test results are $\geq 25$ and $\leq 44$ g/dL
- Retest every 2-4 wks. With declining BLL, retest once a month.

Test results are $\geq 45$ g/dL
- Retest ASAP. Retest after medical treatment according to BLL.

While chelation therapy is considered a mainstay in the medical management of children with BLLs $\geq 45$, it should be used with caution. PCP's should consult with an expert in the management of lead toxicity prior to using chelation agents.
Childhood LeaD ScreeinG
A Guide For Health Professionals

Childhood lead poisoning is still a major preventable public health problem. Lead has adverse effects on nearly all organ systems in the body. Even at low levels, children’s intelligence, hearing and growth can be irreparably damaged.

Who should receive a blood lead test?

All children at 12 months and at 24 months who are living in High-Risk Zip Codes should receive a blood lead screen.

All children who are determined to be at high risk for lead poisoning by answering “Yes” to any of the High Risk Questions. Ask these questions when the child is 12 months and 24 months.

High Risk Questions

Ask parents/guardians the following questions. If any questions are answered with “Yes,” it is recommended to test the child for possible lead exposure.

Y / N Does your child live in or regularly visit a house that was built before 1950 (this could apply to a home day care center or the home of a babysitter or relative)?

Y / N Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovations or remodeling (i.e., within the past six months)?

Y / N Has a sibling or playmate been diagnosed or treated for lead poisoning?

Y / N Does your child live with an adult whose job or hobby involves exposure to lead (e.g., mining, automobile repair, welding, construction, plumbing, shooting, hunting, fishing)?

Y / N Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?

Y / N Has your child been in Mexico, Central America, or South America in the past year?

Y / N Have you ever given your child any of these home remedies: Azarcon, Alarcon, Greta, Rueda, Pay-loc-Ah?

Y / N Does your child eat or drink from imported pottery or ceramic cookware?

Y / N Does your child eat foods containing spices (turmeric) purchased in import stores or other countries, or imported candies (tamarind or chili)?

Y / N Does your child have pica or have a habit of eating dirt or other non-food items?

High Risk Zip Codes

Apache County

Coconino County

Gila County
Globe: 85929.

Greenlee County

La Paz County
Parker: 85344, Sierra: 85348.

Majave County
Kingman: 86409, Bullhead City: 86429.

Navajo County
Window Rock: 86501, Kayenta: 86033.

Plino County
Ajo: 85321, Green Valley: 85613.

Pinal County

Santa Cruz County
Nogales: 85621, Tubac: 85646.

Yavapai County

Yuma County
Rom: 85347, Miami: 85539, Lake Havasu: 86406.

www.MercyCarePlan.com
Health Effects of Lead Exposure

**Lower Blood Lead Level**
- Developmental delay
- Learning difficulties
- Irritability
- Loss of appetite
- Weight loss
- Sluggishness and fatigue
- Abdominal pain
- Vomiting
- Constipation
- Hearing loss

**Extremely High Blood Lead Level**
- Severe brain damage
- Death

Lead poisoning can be hard to detect, as signs and symptoms usually don’t appear until dangerous amounts have accumulated.

- A child’s IQ will drop one to three points for every increase of 10 μg/dL in the child’s blood lead level.
- On a community level, lead exposure is associated with an increase in the number of children with developmental deficits and learning disorders.

Common Sources of Lead in Arizona

- Homes built before 1978 with chipping, peeling, or flaking paint, or imported toys with lead-based paint
- Imported spices, such as turmeric, coriander, black pepper, thyme, and hibiscus
- Imported glazed pottery, commonly used to cook beans or hot chocolate
- Home remedies such as greta or azarcon used to treat stomach illness or empecito
- Soil or dust tracked into the house contaminated with lead
- Hobbies such as hunting and fishing that use leaded bullets or fish sinkers; some artist paints and furniture refinishing
- Work in lead-related industries such as construction, mining, welding, or plumbing

What should I do if a child has an elevated blood lead level (EBLL)?

1. **Report EBLL to ADHS (Arizona Department of Health Services)**
   - Fill out the Physician Report for Elevated Blood Lead Levels.
   - You can find the form at: azhealth.gov/lead
   - Fax the form to the ADHS Lead Poisoning Prevention Program at 602-364-3146.

2. **Confirmational Testing**
   - Any capillary or finger-stick screening BLL above 10 μg/dL must be confirmed with a venous sample.
   - All children should have a hemoglobin or hematocrit test performed; anemia is associated with EBLLs.

3. **CDC Recommended Schedule for Follow Up Testing**

<table>
<thead>
<tr>
<th>Venous blood lead level (μg/dL)</th>
<th>Early follow-up (first 2-4 tests after identification)</th>
<th>Late follow-up (after BLL begins to decline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 5 - 9</td>
<td>3 months*</td>
<td>6-9 months</td>
</tr>
<tr>
<td>10-19</td>
<td>1-3 months*</td>
<td>3-6 months</td>
</tr>
<tr>
<td>20-24</td>
<td>1-3 months*</td>
<td>1-3 months</td>
</tr>
<tr>
<td>25-44</td>
<td>2 weeks-1 month</td>
<td>1 month</td>
</tr>
<tr>
<td>≥ 45</td>
<td>As soon as possible</td>
<td>As soon as possible</td>
</tr>
</tbody>
</table>

*Some case managers or PEPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

ADHS Lead Poisoning Prevention Program Resources

- Phone interview to identify potential lead sources
- Recommendations and guidance for families, including clean up and nutrition
- Health education materials
- Reminder letters for follow-up testing
- Limited environmental investigations
V. Dental
Oral health care (EPSDT age members)

As part of the physical examination, the physician, physician’s assistant or nurse practitioner must perform an oral health screening. A screening is intended to identify gross dental or oral lesions, but is not a thorough clinical examination and does not involve making a clinical diagnosis resulting in a treatment plan. Depending on the results of the oral health screening, referral to a dentist must be made as outlined in the contract:

**Category recommendation for next dental visit**

- EMERGENT Within 24 hours of request
- URGENT Within three days of request
- ROUTINE Within 45 days of request

An oral health screening must be part of an EPSDT screening conducted by a PCP. However, it does not substitute for examination through direct referral to a dentist. PCPs must refer EPSDT members for appropriate services based on needs identified through the screening process and for routine dental care based on the AHCCCS EPSDT Periodicity Schedule. Evidence of this referral must be documented on the EPSDT Tracking Form and in the member’s medical record. PCPs who have completed the AHCCCS required training, may be reimbursed for fluoride varnish applications completed at the EPSDT visits for members who are at least six months of age, with at least one tooth eruption. Additional applications occurring every six months during an EPSDT visit, up until member’s second birthday, may be reimbursed according to AHCCCS-approved fee schedules. Application of fluoride varnish by the PCP, does not take the place of an oral health visit.


Please refer to Training Module 6 that covers caries risk assessment, fluoride varnish and counseling. Upon completion of the required training, providers should submit a copy of their certificate to each of the contacted health plans in which they participate, as this this is required prior to issuing payment for PCP applied fluoride varnish. This certificate may be used in the credentialing process to verify completion of training necessary for reimbursement.

**Dental home**

- American Association of Pediatric dentistry (AAPD) encourages parents and other care providers to help every child establish a dental home by 12 months of age and includes referral to dental specialists when appropriate.
- Mercy Care plan supports the American Association of Pediatric dentistry (AAPD) recommendations and requires that all PCPs refer members to a dentist and encourage a dental home is assigned by 12 months of age.
### Arizona Sliding Fee Scale Providers - DENTAL

* Signifies a Federally Qualified Health Center (FQHC) or Federally Qualified Health Center Look-Alike (FQHC-LA). FQHC and FQHC-LA offer comprehensive primary care and preventive care, including oral and behavioral health, to persons of all ages regardless of their ability to pay.

To find locations nearest to you online or view on a map, please visit: [http://www.azdhs.gov/hsd/sliding-fees/locations.htm](http://www.azdhs.gov/hsd/sliding-fees/locations.htm)

To download a mobile application that will allow you to search for the nearest health center, visit: [http://www.hrsa.gov/about/mobile/](http://www.hrsa.gov/about/mobile/)

<table>
<thead>
<tr>
<th>FQHC</th>
<th>City</th>
<th>ZIP/Postal Code</th>
<th>Address</th>
<th>Facility Name / Web Site (if available)</th>
<th>Phone Number</th>
<th>Services Provided</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>Ajo</td>
<td>85321</td>
<td>410 North Malacate Street</td>
<td>Desert Senita Community Health Center - Main Clinic</td>
<td>(520) 387-5651</td>
<td>Dental; Primary Care; Mental Health</td>
<td>Pima</td>
</tr>
<tr>
<td>*</td>
<td>Ashfork</td>
<td>86320</td>
<td>112 Park Avenue</td>
<td>North Country Healthcare - Ash Fork</td>
<td>(928) 637-2305</td>
<td>Dental; Primary Care</td>
<td>Yavapai</td>
</tr>
<tr>
<td>*</td>
<td>Avondale</td>
<td>85323</td>
<td>950 East Van Buren Street</td>
<td>Maricopa Integrated Health Systems - Avondale Family Health Center</td>
<td>(623) 344-6800</td>
<td>Dental; Primary Care</td>
<td>Maricopa</td>
</tr>
<tr>
<td>*</td>
<td>Buckeye</td>
<td>85326</td>
<td>306 East Monroe</td>
<td>Adelante Healthcare - Buckeye</td>
<td>(877) 809-5092</td>
<td>Dental; Primary Care</td>
<td>Maricopa</td>
</tr>
<tr>
<td></td>
<td>Bullhead City</td>
<td>86442</td>
<td>3400 Highway 95</td>
<td>Mohave Community College - Dental Hygiene Clinic</td>
<td>(928) 704-7788</td>
<td>Dental</td>
<td>Mohave</td>
</tr>
<tr>
<td></td>
<td>Camp Verde</td>
<td>86322</td>
<td>1996 Doug's Park Road</td>
<td>On Site Dental (Mobile Unit)</td>
<td>(928) 567-1882</td>
<td>Dental</td>
<td>Yavapai</td>
</tr>
<tr>
<td></td>
<td>Casa Grande</td>
<td>85122</td>
<td>907 East Cottonwood Lane, Suite 1</td>
<td>KID-1 Pediatric Dentistry</td>
<td>(520) 876-5431</td>
<td>Dental</td>
<td>Pinal</td>
</tr>
<tr>
<td>*</td>
<td>Casa Grande</td>
<td>85122</td>
<td>865 North Arizona Road</td>
<td>Sun Life Family Health Center - Casa Grande</td>
<td>(520) 836-3446</td>
<td>Dental; Primary Care; Mental Health</td>
<td>Pinal</td>
</tr>
<tr>
<td>*</td>
<td>Chandler</td>
<td>85225</td>
<td>811 South Hamilton Street</td>
<td>Maricopa Integrated Health Systems - Chandler Family Health Center</td>
<td>(480) 344-6100</td>
<td>Dental; Primary Care</td>
<td>Maricopa</td>
</tr>
<tr>
<td>*</td>
<td>Cottonwood</td>
<td>86326</td>
<td>51 Brian Mickelsen Parkway</td>
<td>Community Health Center of Yavapai - Cottonwood</td>
<td>(928) 639-8132</td>
<td>Dental; Primary Care</td>
<td>Yavapai</td>
</tr>
<tr>
<td>*</td>
<td>Douglas</td>
<td>85607</td>
<td>815 15th Street</td>
<td>Chiricahua Community Health Center - Pediatric Center of Excellence</td>
<td>(520) 364-5437</td>
<td>Dental; Primary Care</td>
<td>Cochise</td>
</tr>
<tr>
<td>*</td>
<td>Douglas</td>
<td>85607</td>
<td>1100 F Avenue</td>
<td>Chiricahua Community Health Centers - Jennifer &quot;Ginger&quot; Ryan Clinic</td>
<td>(520) 364-3285</td>
<td>Dental; Primary Care; Mental Health</td>
<td>Cochise</td>
</tr>
<tr>
<td></td>
<td>El Mirage</td>
<td>85335</td>
<td>12428 West Thunderbird Road</td>
<td>Maricopa Integrated Health Systems - El Mirage Family Health Center</td>
<td>(623) 344-6500</td>
<td>Dental; Primary Care</td>
<td>Apache</td>
</tr>
<tr>
<td>*</td>
<td>Elfrida</td>
<td>85610</td>
<td>10566 Highway 191</td>
<td>Chiricahua Community Health Centers - Golf Whetten Clinic</td>
<td>(520) 642-2222</td>
<td>Dental; Primary Care; Mental Health</td>
<td>Cochise</td>
</tr>
<tr>
<td></td>
<td>Flagstaff</td>
<td>86001</td>
<td>304 South Humphreys</td>
<td>Coconino County Dept. of Health - Dental Clinic</td>
<td>(928) 679-7825</td>
<td>Dental</td>
<td>Coconino</td>
</tr>
<tr>
<td></td>
<td>Flagstaff</td>
<td>86004</td>
<td>2920 North 4th Street</td>
<td>North Country Health Care - Flagstaff</td>
<td>(928) 522-9400</td>
<td>Dental; Primary Care; Mental Health</td>
<td>Coconino</td>
</tr>
<tr>
<td></td>
<td>Glendale</td>
<td>85301</td>
<td>5141 West Lamar</td>
<td>Maricopa Integrated Health Systems - Glendale Family Health Center</td>
<td>(623) 344-6700</td>
<td>Dental; Primary Care</td>
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<td>Glendale</td>
<td>85308</td>
<td>20325 North 51st Avenue, Unit 156</td>
<td>Arizona School of Dentistry and Oral Health - Dental Care West</td>
<td>(623) 251-4700</td>
<td>Dental</td>
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</tbody>
</table>
# Arizona Sliding Fee Scale Providers - DENTAL

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<tbody>
<tr>
<td>* Green Valley</td>
<td>85614</td>
<td>1260 South Campbell Road, Building 1</td>
<td>United Community Health Center - Continental Pediatric Medical &amp; Dental Clinic <a href="http://uchcraz.org/clinics/az-campbellcontinental-pediatric-medical-dental-clinic">http://uchcraz.org/clinics/az-campbellcontinental-pediatric-medical-dental-clinic</a></td>
<td>(520) 407-5800 Dental; Primary Care</td>
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<td>* Green Valley</td>
<td>85614</td>
<td>1260 South Campbell Road, Building 2</td>
<td>United Community Health Center - Green Valley <a href="http://www.uchcraz.org/clinics/az-campbell-green-valley">http://www.uchcraz.org/clinics/az-campbell-green-valley</a></td>
<td>(520) 407-5400 Dental; Primary Care</td>
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<td>Guadalupe</td>
<td>85283</td>
<td>5825 East Calle Guadalupe</td>
<td>Maricopa Integrated Health Systems - Guadalupe Family Health Center <a href="http://guadalupefamilyhealthcenter.org/">http://guadalupefamilyhealthcenter.org/</a></td>
<td>(480) 344-6000 Dental; Primary Care</td>
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<td>Kayenta</td>
<td>85033</td>
<td>East Highway 160 to Route 59 to Spur 59</td>
<td>Canyonlands Healthcare - Childrens Clinic/The Chapter House Complex <a href="http://uchcraz.org/clinics/az-campbell-chilchinbeto.html">http://uchcraz.org/clinics/az-campbell-chilchinbeto.html</a></td>
<td>(928) 697-8154 Dental; Primary Care</td>
<td>Navajo</td>
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<td>Lakeside</td>
<td>85929</td>
<td>5448 South White Mountain Boulevard #240</td>
<td>Platt Comprehensive Dentistry</td>
<td>(928) 532-2500 Dental</td>
<td>Navajo</td>
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<td>* Littlefield</td>
<td>85342</td>
<td>3272 East Rio Virgin Road</td>
<td>Canyonlands Healthcare - Beaver Dam [<a href="http://uchcraz.org/beaver%D8%AF%D8%A7%D9%85">http://uchcraz.org/beaverدام</a> clinic.html](<a href="http://uchcraz.org/beaver%D8%AF%D8%A7%D9%85">http://uchcraz.org/beaverدام</a> clinic.html)</td>
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<td>Marana</td>
<td>85653</td>
<td>19644 North Sandario Road</td>
<td>Marana Dental Clinic <a href="http://www.freedentalcare.us/3/marana-bc">http://www.freedentalcare.us/3/marana-bc</a></td>
<td>(520) 616-6200 Dental</td>
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<td>* Marana</td>
<td>85653</td>
<td>13395 North Marana Main Street</td>
<td>Marana Healthcare-Main Health Center, Behavioral Health &amp; Quick Care <a href="http://maranahealthcenter.org/locations/mhc-healthcare-main/">http://maranahealthcenter.org/locations/mhc-healthcare-main/</a></td>
<td>(520) 682-4111 Dental; Primary Care; Mental Health</td>
<td>Pima</td>
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<td>* Mesa</td>
<td>85201</td>
<td>1705 West Main Street</td>
<td>Adelante Healthcare - Mesa <a href="http://www.adelantehealthcare.com/locations/adelante-healthcare-mesa/">http://www.adelantehealthcare.com/locations/adelante-healthcare-mesa/</a></td>
<td>(877) 809-5092 Dental; Primary Care</td>
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<td>* Mesa</td>
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<td>59 South Hibbert</td>
<td>Maricopa Integrated Health Systems - Mesa Family Health Center <a href="http://mesafamilyhealthcenter.org/">http://mesafamilyhealthcenter.org/</a></td>
<td>(480) 344-6200 Dental; Primary Care</td>
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<tr>
<td>* Nogales</td>
<td>85621</td>
<td>1852 North Mastick Way</td>
<td>Mariposa Community Health Center - Nogales <a href="http://www.mariposachc.net/facilities-technology/mariposa-nogales/">http://www.mariposachc.net/facilities-technology/mariposa-nogales/</a></td>
<td>(520) 281-1550 Dental; Primary Care</td>
<td>Santa Cruz</td>
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<tr>
<td>Phoenix</td>
<td>85003</td>
<td>420 West Watkins Road</td>
<td>The Society of St. Vincent de Paul - Medical &amp; Dental Clinics <a href="http://www.svdpcentralaz.org/programs/medical-clinic">http://www.svdpcentralaz.org/programs/medical-clinic</a></td>
<td>(602) 261-6868 Dental; Primary Care</td>
<td>Maricopa</td>
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<td>* Phoenix</td>
<td>85004</td>
<td>1101 North Central Avenue, Suite 201</td>
<td>Maricopa Integrated Health Systems - McDowell Health Care Center (Specializing in AIDS/HIV Patients) <a href="http://mhc.org/centers/mcdowell-healthcare-center">http://mhc.org/centers/mcdowell-healthcare-center</a></td>
<td>(602) 344-6550 Primary Care; Dental; Mental Health</td>
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<tr>
<td>* Phoenix</td>
<td>85007</td>
<td>1205 South 7th Avenue</td>
<td>Maricopa Integrated Health Systems - 7th Avenue Family Health Center <a href="http://7thavenuefamilysite.org/">http://7thavenuefamilysite.org/</a></td>
<td>(602) 344-6600 Dental; Primary Care</td>
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<td>* Phoenix</td>
<td>85008</td>
<td>2525 East Roosevelt Street</td>
<td>Maricopa Integrated Health Systems - Comprehensive Healthcare Center <a href="http://mhc.org/centers/comprehensive-healthcare-center">http://mhc.org/centers/comprehensive-healthcare-center</a></td>
<td>(602) 344-1015 Dental; Primary Care</td>
<td>Maricopa</td>
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Arizona Sliding Fee Scale Providers - DENTAL

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<tr>
<td>Native American Community Health Center (dba Native Health)</td>
<td>Phoenix 85012</td>
<td>85012</td>
<td>4041 North Central Avenue, Building C</td>
<td>Native American Community Health Center (dba Native Health) - Central <a href="http://www.nativehealthphoenix.org/native-health-central">http://www.nativehealthphoenix.org/native-health-central</a></td>
<td>(602) 279-5262</td>
<td>Dental; Primary Care; Mental Health</td>
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<td>Gompers Dental Clinic (Special Needs Patients)</td>
<td>Phoenix 85017</td>
<td>85017</td>
<td>6601 North 27th Avenue</td>
<td>Gompers Dental Clinic (Special Needs Patients) <a href="http://gomperscenter.org/index.php/contact/phoenix-center">http://gomperscenter.org/index.php/contact/phoenix-center</a></td>
<td>(602) 336-0061</td>
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<td>Maricopa Integrated Health Systems - Sunnyslope Family Health Center</td>
<td>Phoenix 85021</td>
<td>85021</td>
<td>934 West Hatcher Road</td>
<td>Maricopa Integrated Health Systems - Sunnyslope Family Health Center <a href="http://sunnyslopefamilyhealthcenter.org/">http://sunnyslopefamilyhealthcenter.org/</a></td>
<td>(602) 344-6300</td>
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<td>Native Health West Community Health Center</td>
<td>Phoenix 85021</td>
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<td>2423 West Dunlap Avenue, Suite 140</td>
<td>Native Health West Community Health Center <a href="http://www.nativehealthphoenix.org/nhw-community-health-center">http://www.nativehealthphoenix.org/nhw-community-health-center</a></td>
<td>(602) 279-5351</td>
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<td>Mountain Park Health Center - Maryvale</td>
<td>Phoenix 85033</td>
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<td>6601 West Thomas Road</td>
<td>Mountain Park Health Center - Maryvale <a href="http://mountainparkhealthcenter.org/">http://mountainparkhealthcenter.org/</a></td>
<td>(602) 243-7277</td>
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<td>Maricopa Integrated Health Systems - South Central Family Health Center</td>
<td>Phoenix 85041</td>
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<td>Maricopa Integrated Health Systems - South Central Family Health Center <a href="http://southcentralfamilyhealthcenter.org/">http://southcentralfamilyhealthcenter.org/</a></td>
<td>(602) 344-6400</td>
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<td>Mountain Park Health Center - Baseline</td>
<td>Phoenix 85042</td>
<td>85042</td>
<td>635 East Baseline Road</td>
<td>Mountain Park Health Center - Baseline <a href="http://mountainparkhealthcenter.org/location/">http://mountainparkhealthcenter.org/location/</a></td>
<td>(602) 243-7277</td>
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<td>Safford Healthcare - Safford</td>
<td>Safford 85546</td>
<td>85546</td>
<td>2016 West 16th Street</td>
<td>Safford Healthcare - Safford <a href="http://chcaa.org/safford_communityhealthcenter.html">http://chcaa.org/safford_communityhealthcenter.html</a></td>
<td>(928) 428-1500</td>
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<td>Sunset Community Health Center - San Luis Dental Clinic</td>
<td>San Luis 85349</td>
<td>85349</td>
<td>801 North 2nd Avenue</td>
<td>Sunset Community Health Center - San Luis Dental Clinic <a href="http://www.sunsetcommunityhealthcenter.org/location.html">http://www.sunsetcommunityhealthcenter.org/location.html</a></td>
<td>(928) 627-8584</td>
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<td>N.O.A.H (Neighborhood Outreach Access to Health) - Heuser Family Practice Center</td>
<td>Scottsdale 85251</td>
<td>85251</td>
<td>7301 East Second Street, Suite 210</td>
<td>N.O.A.H (Neighborhood Outreach Access to Health) - Heuser Family Practice Center <a href="http://www.novahelp.org/locations/heuser-family-medicine/">http://www.novahelp.org/locations/heuser-family-medicine/</a></td>
<td>(480) 882-4545</td>
<td>Dental; Primary Care; Mental Health</td>
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<td>Sunset Community Health Center - Somerton Medical &amp; Dental Clinic</td>
<td>Somerton 85350</td>
<td>85350</td>
<td>115 North Somerton Avenue</td>
<td>Sunset Community Health Center - Somerton Medical &amp; Dental Clinic <a href="http://www.sunsetcommunityhealthcenter.org/location.html">http://www.sunsetcommunityhealthcenter.org/location.html</a></td>
<td>(928) 627-2051</td>
<td>Dental; Primary Care</td>
<td>Yuma</td>
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<td>Chiricahua Community Health Centers - Mobile Dental Clinic</td>
<td>Sulphur Springs Valley 85350</td>
<td>85350</td>
<td>For locations please call: (520) 642-2222</td>
<td>Chiricahua Community Health Centers - Mobile Dental Clinic <a href="http://www.ochoa.org/mobile_dent_unit.php">http://www.ochoa.org/mobile_dent_unit.php</a></td>
<td>(520) 642-2222</td>
<td>Dental</td>
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<td>Adelante Healthcare - Surprise</td>
<td>Surprise 85374</td>
<td>85374</td>
<td>15351 West Bell Road</td>
<td>Adelante Healthcare - Surprise <a href="http://www.adelantehealthcare.com/locations/adelante-healthcare-surprise/">http://www.adelantehealthcare.com/locations/adelante-healthcare-surprise/</a></td>
<td>(877) 809-5092</td>
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<tr>
<td>⚫</td>
<td>Tuba City</td>
<td>86045</td>
<td>167 North Main Street</td>
<td>Tuba City Regional Health Care Corporation <a href="http://tchealth.org/contact.html">http://tchealth.org/contact.html</a></td>
<td>(928) 283-2501</td>
<td>Dental; Primary Care; Mental Health</td>
<td>Coconino</td>
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<td>⚫</td>
<td>Tucson</td>
<td>85705</td>
<td>1670 West Ruthrauff Road</td>
<td>Marana Healthcare - Ellie Town Health Center <a href="http://maranahealthcenter.org/locations/ellie-town-health-center/">http://maranahealthcenter.org/locations/ellie-town-health-center/</a></td>
<td>(520) 616-6797</td>
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<td>⚫</td>
<td>Tucson</td>
<td>85705</td>
<td>140 West Speedway Boulevard #100</td>
<td>St. Elizabeth's Health Center <a href="http://www.co-sa-ar.org/St-Elizabeth-s-Where-We-Are.html">http://www.co-sa-ar.org/St-Elizabeth-s-Where-We-Are.html</a></td>
<td>(520) 628-7871</td>
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<td>101 West Irvington Road - Building 10</td>
<td>El Rio Community Health Center - El Pueblo Health Center <a href="http://www.elrio.org/locations/el-pueblo/">http://www.elrio.org/locations/el-pueblo/</a></td>
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<td>Tucson</td>
<td>85745</td>
<td>839 West Congress Street</td>
<td>El Rio Community Health Center - Congress Clinic <a href="http://www.elrio.org/locations/congress-clinic/">http://www.elrio.org/locations/congress-clinic/</a></td>
<td>(520) 670-3909</td>
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<td>⚫</td>
<td>Wellton</td>
<td>85356</td>
<td>10425 Williams Street</td>
<td>Sunset Community Health Center - Wellton Medical &amp; Dental Clinic <a href="http://www.sunsetcommunityhealthcenter.org/location.html">http://www.sunsetcommunityhealthcenter.org/location.html</a></td>
<td>(928) 785-3256</td>
<td>Dental; Primary Care</td>
<td>Yuma</td>
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A reminder about your child’s dental health!

¡Un recordatorio sobre la salud dental de su bebé!
Wishing your baby good dental health!

Healthy baby teeth
Congratulations, your baby is one year old! Did you know that the American Dental Association (ADA) recommends that kids see a dentist by age one? The dentist will talk to you about how to take care of your baby’s teeth to help avoid any problems.

Why clean baby teeth
The care and cleaning of your baby’s teeth is important for long-term dental health. Even though the first set of teeth (baby teeth) will fall out, tooth decay can make the teeth fall out before they are ready. That makes the adult teeth come in crooked and out of place.

How to clean baby teeth
Daily dental care should begin even before your baby’s first tooth is in. Wipe your baby’s gums daily with a clean, damp washcloth or gauze. Or you can brush the gums gently with a soft, infant-sized toothbrush and water. As soon as the first teeth appear, brush the teeth and gums with water.

Make an appointment with the dentist
If you need help finding a dentist in your area, please call Mercy Care Plan at 602-263-3000 or 1-800-624-3879, Monday through Friday 7 a.m. to 6 p.m. Hearing Impaired (TTY/TDD) 1-866-602-1982. We can also offer a ride to the appointment. We are here to help!

Contract services are funded in part under contract with the State of Arizona. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

¡Deseándole a su bebé buen salud dental!

Dientes de bebé saludables
¡Felicidades! ¡Su bebé tiene un año! ¿Sabía usted que la Asociación Dental Americana (ADA por sus siglas en inglés) recomienda que los niños vean al dentista al año de edad? El dentista hablará con usted sobre cómo cuidar los dientes de su bebé para ayudarle a evitar cualquier problema.

Por qué limpiar los dientes del bebé
El cuidado y la limpieza de los dientes de su bebé son importantes para la salud dental a largo plazo. Aunque el primer juego de dientes (dientes de bebé o de leche) se le caerá, las caries dentales pueden hacer que los dientes se caigan antes de tiempo. Eso hace que los dientes de adulto salgan torcidos y fuera de lugar.

Cómo limpiar los dientes del bebé
El cuidado dental cotidiano debe empezar aún antes de que salga el primer diente de su bebé. Limpie las encías de su bebé diariamente con una toallita o gasa limpia y húmeda. O puede cepillar las encías suavemente con un cepillo dental infantil suave y agua. Tan pronto como le salga el primer diente, cepíllele los dientes y las encías con agua.

By the time all your baby’s teeth are in, try to brush your child’s teeth at least twice a day. It’s also important to get kids used to flossing early on. A good time to start flossing is when two teeth start to touch. Talk to your dentist for advice on flossing tiny teeth.

Haga una cita con el dentista
Si necesita ayuda para encontrar a un dentista en su área, por favor llame al Mercy Care Plan al 602-263-3000 o 1-800-624-3879, lunes a viernes 7 a.m. a 6 p.m. Usuarios llamar (TTY/TDD) 1-866-602-1982. También podemos ofrecerle transporte para acudir a la cita. ¡Estamos aquí para ayudarle!

Los servicios contratados se financian, en parte, conforme a un contrato con el Estado de Arizona. Esta es información general de salud y no debe reemplazar el asesoramiento o la atención que usted recibe de su proveedor. Siempre consultele a su proveedor sobre sus necesidades de atención médica.
Give your children a healthy smile – open to learn how.
Dele a sus niños una sonrisa saludable. Abra y aprenda cómo hacerlo.

www.MercyCarePlan.com
Giving your children a healthy smile is as easy as 1, 2 and 3

1. Practice good oral care. Brushing, rinsing and flossing teeth are good habits for everyone.

2. Take your child to the dentist at least two times each year. (2nd visit must occur at least 6 months and 1 day following the first visit.) If your child is under 21 years of age, his/her dental visits are no cost to you.

3. Have your dentist apply dental sealants (plastic materials) to your child’s back teeth when he/she is 6 to 9 years of age. Dental sealants protect teeth from cavities (small holes in the tooth) and decay (germs).

Damage to teeth happens when germs in the mouth make acids that eat away at teeth. Dental sealants protect teeth from getting cavities and decay.

Does applying sealants hurt?
No, your child will not feel pain when dental sealants are applied. It is a simple step. There are no shots or drugs. It is as if the dentist is painting the back teeth. This will ‘seal’ and protect the grooves of the teeth.

Talk to your child’s dentist about the dental sealants at his/her next dental visit.

Darle a su hijo una sonrisa saludable es tan fácil como contar 1, 2, 3

1. Adopte un buen cuidado dental. Cepillarse los dientes y utilizar enjuagues bucales e hilo dental son hábitos buenos para todos.

2. Lleva a su hijo al dentista por lo menos dos veces por año. (la segunda visita debe realizarse seis meses y un día después de la primera visita). Si su hijo es menor de 21 años de edad, las visitas dentales son sin costo.

3. Solicite a su dentista que coloque selladores dentales (materiales plásticos) en los dientes posteriores de su hijo cuando tenga entre 6 y 9 años de edad. Los selladores protegen a los dientes de las caries (pequeños agujeros en el diente) y del deterioro (gérmenes).

Los dientes se dañan cuando los gérmenes en la boca producen ácidos que los carcomen. Los selladores protegen a los dientes de las caries y del deterioro.

¿Duele cuando se colocan los selladores?
No, su hijo no sentirá dolor cuando se le coloquen los selladores dentales. Es un procedimiento sencillo. No se utilizan vacunas ni medicamentos. Es como si el dentista estuviese pintando los dientes posteriores. Esto sella y protege las ranuras de los dientes.

Hable con el dentista de su hijo sobre los selladores dentales en su próxima visita dental.

Let’s schedule an appointment:

Do you need help finding a dentist or cannot find a ride?
• Call Member Services at 602-263-3000 or 1-800-624-3879. If you are deaf or have difficulty hearing, call 7-1-1.

Progamemos una cita:

¿Necesita ayuda para encontrar un dentista o para conseguir a alguien que lo lleve?
• Comuníquese con Servicios al Miembro, al 602-263-3000 o al 1-800-624-3879. Si usted es sordo o tiene dificultades de audición, comuníquese al 7-1-1.
VI. Resources and forms
If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

Reviewed March 2012

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes an important responsibility that could save your child’s life, or the life of someone else.

Any time that your child is ill and you:
• call 911;
• ride in an ambulance;
• visit a hospital emergency room; or
• visit your child’s doctor or any clinic
you must tell the medical staff that your child has not received all the vaccines recommended for his or her age.
Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress.

Telling health care professionals your child’s vaccination status is essential for two reasons:
• When your child is being evaluated, the doctor will need to consider the possibility that your child has a vaccine-preventable disease. Many of these diseases are now uncommon, but they still occur.
• The people who help your child can take precautions, such as isolating your child, so that the disease does not spread to others. One group at high risk for contracting disease is infants who are too young to be fully vaccinated. For example, the measles vaccine is not usually recommended for babies younger than 12 months. Very young babies who get measles are likely to be seriously ill, often requiring hospitalization. Other people at high risk for contracting disease are those with weaker immune systems, such as some people with cancer and transplant recipients.

Before an outbreak of a vaccine-preventable disease occurs in your community:
• Talk to your child’s doctor or nurse to be sure your child’s medical record is up to date regarding vaccination status. Ask for a copy of the updated record.
• Inform your child’s school, childcare facility, and other caregivers about your child’s vaccination status.
• Be aware that your child can catch diseases from people who don’t have any symptoms. For example, Hib meningitis can be spread from people who have the bacteria in their body but are not ill. You can’t tell who is contagious.
Tips and Time-savers for Talking with Parents about HPV Vaccine

Recommend the HPV vaccine series the same way you recommend the other adolescent vaccines. For example, you can say “Your child needs these shots today,” and name all of the vaccines recommended for the child’s age.

Parents may be interested in vaccinating, yet still have questions. Taking the time to listen to parents’ questions helps you save time and give an effective response. CDC research shows these straightforward messages work with parents when discussing HPV vaccine—and are easy for you or your staff to deliver.

CBC RESEARCH SHOWS: The “HPV vaccine is cancer prevention” message resonates strongly with parents. In addition, studies show that a strong recommendation from you is the single best predictor of vaccination.

TRY SAYING: HPV vaccine is very important because it prevents cancer. I want your child to be protected from cancer. That’s why I’m recommending that your daughter/son receive the first dose of HPV vaccine today.

CBC RESEARCH SHOWS: Disease prevalence is not understood, and parents are unclear about what the vaccine actually protects against.

TRY SAYING: HPV can cause cancers of the cervix, vagina, and vulva in women, cancer of the penis in men, and cancers of the anus and the mouth or throat in both women and men. There are about 16,000 of these cancers each year—and most could be prevented with HPV vaccine. There are also many more precancerous conditions requiring treatment that can have lasting effects.

CBC RESEARCH SHOWS: Parents want a concrete reason to understand the recommendation that 11—12 year olds receive HPV vaccine.

TRY SAYING: We’re vaccinating today so your child will have the best protection possible long before the start of any kind of sexual activity. We vaccinate people well before they are exposed to an infection, as is the case with measles and the other recommended childhood vaccines. Similarly, we want to vaccinate children well before they get exposed to HPV.

CBC RESEARCH SHOWS: Parents may be concerned that vaccinating may be perceived by the child as permission to have sex.

TRY SAYING: Research has shown that getting the HPV vaccine does not make kids more likely to be sexually active or start having sex at a younger age.

CBC RESEARCH SHOWS: Parents might believe their child won’t be exposed to HPV because they aren’t sexually active or may not be for a long time.

TRY SAYING: HPV is so common that almost everyone will be infected at some point. It is estimated that 79 million Americans are currently infected with 14 million new HPV infections each year. Most people infected will never know. So even if your son/daughter waits until marriage to have sex, or only has one partner in the future, he/she could still be exposed if their partner has been exposed.

CBC RESEARCH SHOWS: Emphasizing your personal belief in the importance of HPV vaccine helps parents feel secure in their decision.

TRY SAYING: I strongly believe in the importance of this cancer-preventing vaccine, and I have given HPV vaccine to my son/daughter/grandchild/niece/nephew/friend’s children. Experts like the American Academy of Pediatrics, cancer doctors, and the CDC also agree that this vaccine is very important for your child.

CBC RESEARCH SHOWS: Understanding that the side effects are minor and emphasizing the extensive research that vaccines must undergo can help parents feel reassured.

TRY SAYING: HPV vaccine has been carefully studied by medical and scientific experts. HPV vaccine has been shown to be very effective and very safe. Like other shots, most side effects are mild, primarily pain or redness in the arm. This should go away quickly, and HPV vaccine has not been associated with any long-term side effects. Since 2006, about 57 million doses of HPV vaccine have been distributed in the U.S., and in the years of HPV vaccine safety studies and monitoring, no serious safety concerns have been identified.

CBC RESEARCH SHOWS: Parents want to know that HPV vaccine is effective.

TRY SAYING: In clinical trials of boys and girls, the vaccine was shown to be extremely effective. In addition, studies in the U.S. and other countries that have introduced HPV vaccine have shown a significant reduction in infections caused by the HPV types targeted by the vaccine.

CBC RESEARCH SHOWS: Many parents do not know that the full vaccine series requires 3 shots. Your reminder will help them to complete the series.

TRY SAYING: I want to make sure that your son/daughter receives all 3 shots of HPV vaccine to give them the best possible protection from cancer caused by HPV. Please make sure to make appointments on the way out, and put those appointments on your calendar before you leave the office today!
Talking with Parents about Vaccines for Infants

Strategies for Health Care Professionals

Immunization professionals and parents agree: times have changed.

Because of questions or concerns about vaccines, well-child visits can be stressful for parents. As their infant’s health care provider, you remain parents’ most trusted source of information about vaccines. This is true even for parents with the most questions and concerns. Your personal relationship uniquely qualifies you to help support parents in understanding and choosing vaccinations.

However, time for infant health evaluation at each well visit is at a premium, as you check physical, cognitive, and other milestones and advise parents on what to expect in the coming months. Therefore, making time to talk about vaccines may be stressful for you. But when an infant is due to receive vaccines, nothing is more important than making the time to assess the parents’ information needs as well as the role they desire to play in making decisions for their child’s health, and then following up with communication that meets their needs.

When it comes to communication, you may find that similar information—be it science or anecdote or some mix of the two—works for most parents you see. But keep a watchful eye to be sure that you are connecting with each parent to maintain trust and keep lines of communication open.

We hope that these brief reminders—and the materials that you, your staff, and parents can find on our website—will help ensure your continued success in immunizing infants and children. Success may mean that all vaccines are accepted when you recommend them, or that some vaccines are scheduled for another day. If a parent refuses to vaccinate, success may simply mean keeping the door open for future discussions about choosing vaccination.

THIS RESOURCE COVERS:

- What you may hear from parents about their vaccine safety questions and how to effectively address them
- Proven communication strategies and tips for having a successful vaccine conversation with parents
- This brochure is part of a comprehensive set of educational materials for health care professionals and parents available at http://www.cdc.gov/vaccines/conversations

Nurses, physician assistants, and other office staff play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates: from providing parents with educational materials, to being available to answer their questions, to making sure that families who may opt for extra visits for vaccines make and keep vaccine appointments.
Why does my child need vaccines now?

Vaccines aren’t just for babies. Some of the vaccines that babies get can wear off as kids get older. And as kids grow up they may come in contact with different diseases than when they were babies. There are vaccines that can help protect your preteen or teen from these other illnesses.

What vaccines does my child need?

Tdap Vaccine
This vaccine protects against three serious diseases: tetanus, diphtheria, and pertussis (whooping cough). Preteens should get Tdap at age 11 or 12. If your teen didn’t get a Tdap shot as a preteen, ask the their doctor or nurse about getting the shot now.

MCV4 Vaccine
Meningococcal conjugate vaccine (MCV4) protects against some of the bacteria that can cause meningitis (swelling of the lining around the brain and spinal cord) and sepsis (an infection in the blood). Preteens need the MCV4 shot when they are 11 or 12 years old and then they need a booster shot at age 16. Teens who got the MCV4 shot when they were 13, 14 or 15 years old should still get a booster at 16 years. Older teens who haven’t gotten any MCV4 shots should get it as soon as possible.

HPV Vaccine
Human papillomavirus (HPV) vaccines help protect both girls and boys from HPV infection and cancer caused by HPV. Two HPV vaccines protect girls from the types of HPV that cause most cervical cancer. One HPV vaccine also helps protect both girls and boys from anal cancer and genital warts. HPV vaccines are given to preteens as 3 shots over 6 months when they are 11 or 12 years old. Preteens and teens need to get all 3 shots for full protection. Preteens and teens who haven’t gotten all 3 HPV shots should ask the doctor or nurse about getting them now.

Flu Vaccine
This vaccine protects against influenza (flu) and the other health problems flu can cause, like dehydration (loss of body fluids), worsening of conditions like asthma or diabetes, or pneumonia. Preteens and teens should get the flu vaccine every year as soon as it’s available, usually in the fall. It is very important for preteens and teens who have chronic health conditions like asthma or diabetes to get the flu vaccine as soon as possible every year.

When should my child be vaccinated?
A good time to get these vaccines is during a yearly health checkup. Your preteen or teen can also get these vaccines at a physical exam required for sports, school, or camp. It’s a good idea to ask the doctor or nurse every year if there are any vaccines that your child may need.

What else should I know about these vaccines?

These vaccines have all been studied very carefully and are safe and effective. They can cause mild side effects, like soreness or redness where the shot was given. Some preteens and teens might faint after getting a shot. Sitting or lying down when getting a shot and then for about 15 minutes after the shot, can help prevent fainting. Serious side effects are rare. It is very important to tell the doctor or nurse if your child has any serious allergies, including allergies to yeast, latex or chicken eggs, before they receive any shots.

How can I get help paying for these vaccines?
The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are not insured or under-insured, Medicaid-eligible, American Indian or Alaska Native. You can find out more about the VFC program by going online to www.cdc.gov and typing VFC in the search box.

Where can I learn more?
Talk to your child’s doctor or nurse about what vaccines they may need. You can also find more information about on CDC’s Vaccines for Preteens and Teens website at www.cdc.gov/vaccines/teens.
It’s time to take control of your health.

Getting 1 shot of Tdap, 2 shots of Meningococcal + 3 shots of HPV means protection from 5 vaccine preventable diseases and HPV-related cancers.

Learn more about taking control of your healthy future at WhyImmunize.org/TakeControl.
It’s never too late to start, so ask your healthcare provider about getting this awesome level of protection.

Learn more about why these vaccines are so important:

![Green circle with text: GET 1] TDAP VACCINE

Protects against Whooping Cough (pertussis), tetanus, and diphtheria.

Sometimes called the “100 day cough,” Whooping Cough, or pertussis. Whatever you call it — it’s a nasty disease that’s super easy to spread and can be very harmful for babies and grandparents. Bonus with this shot — you get protection from tetanus, also called lockjaw, which is caused by being pricked by rusty metal or contaminated soil, and diphtheria that is a serious respiratory infection.

![Green circle with text: GET 2] MENINGOCOCCAL

Protects against meningitis.

With 2 shots of the meningitis vaccine you can protect yourself from 1 serious disease. 1 in 7 teens that get bacterial meningitis die — this illness is no joke. Meningitis spreads quickly from person to person through sharing a water bottle or lip-gloss, coughing, kissing or sneezing. Getting this shot is the best way to prevent meningitis and protect your health.

![Green circle with text: GET 3] HPV VACCINES

Protects against HPV (Human Papilloma Virus).

Getting the HPV vaccine means you can prevent certain kinds of cancers in the future. In the USA each year, more than 17,000 women & 9,000 men are affected by HPV-related cancers. Getting the 3 HPV shots now means a future with one less thing to worry about. Now that’s taking control!

Hey, while you are at your medical provider’s office ask about the flu shot and see if you need any other vaccines you need.

Learn more about taking control of your healthy future at WhyImmunize.org/TakeControl.
Your tweens sure can be a handful. They are getting more independent and testing boundaries, but they still need you.

They still need you to help protect their future.

Preteen and teen vaccines are as easy as 1, 2, 3. 1 dose of Tdap, 2 doses of meningococcal + 3 doses of HPV to protect your preteen from 5 vaccine preventable diseases and cancer.

The best time to start is at their health checkup at 11 or 12 years old, but it’s never too late to start protecting their future. Learn more about the protection these vaccines bring...

**Protects against Whooping Cough (pertussis), tetanus, and diphtheria.**

Whooping Cough, sometimes called the “100 day cough” or pertussis, is easy to spread and can be especially harmful for babies and grandparents. Just 1 Tdap shot helps prevent this illness plus tetanus, also called lockjaw, that is caused by being pricked by rusty metal or contaminated soil, and diphtheria that is a serious respiratory infection.

**Protects against meningitis.**

2 shots of the meningitis vaccine is the best way to protect your child from 1 serious disease. Meningitis spreads quickly from person to person through sharing a water bottle or lip-gloss, coughing, kissing or sneezing. Preteens need this shot when they are 11 or 12 years and then a booster shot at age 16. If you have an older teen, it is not too late.

**Protects against HPV (Human Papilloma Virus).**

Research has proven a link between HPV and certain types of cancer. In the US each year, there are about 17,000 women and 9,000 men affected by HPV-related cancers. There is no routine screening to detect these diseases and that’s why this preventative vaccine is so important. Getting the HPV vaccine now for your child will protect them and give them a healthy future for years to come.

**Are These Vaccines Safe?** Yes. All of these vaccines were studied in tens of thousands of people around the world. The most common side effects reported are mild. All of the vaccines are saving lives.

Learn more about protecting your child with 3 at [WhyImmunize.org/ProtectMewith3](http://WhyImmunize.org/ProtectMewith3)
Procedures for the coordination of early intervention and EPSDT services from AzEIP and AHCCCS

Requirements for children referred to AzEIP with special health care needs

• Based on AzEIP’s evaluation, The Mercy Care Plan AzEIP Coordinator will initiate coordination of medically necessary EPSDT covered services with the member’s PCP.

• The Mercy Care Plan AzEIP Coordinator will fax to the member’s PCP:
  – Referral Form (see attached) and
  – All other documentation

• The PCP will review all AzEIP documentation and determine which services are medically necessary.

• Within 5 working days from the date of receiving the AzEIP referral, the PCP will fax required documentation to the EPSDT Coordinator.

• If the PCP needs to see the child before determining the child’s need for services, the appointment will be scheduled as a routine appointment.

• If needed, the PCP can request an extension of 14 working days and the PCP will return the referral request form and will indicate the status by noting that an appointment has been scheduled, as well as the appointment date.

• Documentation required from the PCP:
  – AzEIP Referral form including signature, date, and check mark indicating if services requested are medically necessary.

Questions about AzEIP?
Call 602-532-9960 or 1-888-439-5609, or log on to: www.de.state.az.us/azeip.
AzEIP and AHCCCS procedures for the coordination of early intervention and EPSDT services

Requirements if developmental concerns are identified by the PCP

- During the EPSDT visit, the PCP will determine the child's developmental status through discussion with the parents/guardian and developmental screening. If the PCP identifies potential developmental delays, PCP requests an evaluation and possibly service authorization from Mercy Care Plan.

- When the PCP identifies potential developmental delays, the PCP will request an evaluation by a specialist in the field that the delay was noted. If after the evaluation is completed, it is determined that the service is medically necessary, the PCP will submit a prior authorization request to Mercy Care Plan.

- Once the EPSDT form has been received, the Mercy Care Plan AzEIP coordinator will review the member's record to determine if an evaluation by a specialist has been completed. If there are no claims to indicate that this evaluation has been done, the AzEIP coordinator will contact the PCP to determine whether or not the PCP referred the member to a specialist for evaluation.

- Once the member has been evaluated by the specialist, and the PCP has determined that a service is medically necessary, the PCP will refer the member to AzEIP for support and education via the online AzEIP portal: https://www.azdes.gov/main.aspx?menu=98&id=3026, and will submit a prior authorization request (PA) to Mercy Care Plan.

- If services are approved:
  - The necessary process will be followed to ensure that members received medically necessary treatment in a timely manner to promote optimum child health and development.

- If services are denied:
  - Mercy Care Plan AzEIP coordinator will notify the corresponded parties within 2 business days of receipt of the PA’s determination.

- A Notice of Action (NOA) will be sent to the PCP, member’s parent/guardian notifying them that the service is denied.

Questions about AzEIP?
Reference: Arizona Early Intervention Program Referral

Please process the following time-sensitive request for AzEIP services. If the member is not a patient at your location, contact me at 602-798-2582. Thank you for your assistance in this urgent matter!

WE ARE SENDING 4 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE COMPLETE PAGES OR LEGIBLE COPY, PLEASE CALL IMMEDIATELY. IF YOU HAVE TROUBLE RECEIVING THIS DOCUMENT, PLEASE CALL (602) 798-2582.

The information contained in this facsimile is private. It may also be legally privileged and/or confidential information of Schaller Anderson/Aetna or a third party authorized only for the use of the intended recipient. If you are not the intended recipient, please return the original message and notify me immediately.
Dear Mercy Care Plan Provider,

Arizona Early Intervention Program (AzEIP) is requesting EPSDT covered services for the above member. Based upon your review of the enclosed AzEIP documentation, please determine if the requested services identified on the attached ‘REFERRAL FORM’ are medically necessary. It may be necessary to schedule a routine appointment with the child before determining the child’s need for services.

Mercy Care Plan is requesting that you or your staff:
• Complete the ‘REFERRAL FORM’ provided
• Sign the bottom of the referral form if you agree that the services requested are medically necessary.
• Fax the Referral Form to my attention at 860-754-1732 by (due date).

Should you have any questions do not hesitate to contact me at 602-798-2582.

Thank you,

AzEIP Coordinator
**Referral form**

EPSDT covered medically necessary services

Date submitted to PCP: 00/00/0000

**AzEIP referral**

Member name:

AHCCCS ID#:

DOB:

Listed below are services requested by AzEIP. Based upon your review of the enclosed documentation, determine which services are medically necessary. Please complete this Referral Form and fax to Jennifer Ibanez, **860-754-1732**, by (Due Date).

<table>
<thead>
<tr>
<th>Services which require a prior authorization</th>
<th>Medically necessary</th>
<th>Cpt code</th>
<th>Diagnosis code</th>
<th>Servicing provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
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PCP signature: ________________________________ Date: ________________________________
Immunization Schedule

Vaccines are listed under the routinely recommended ages. **BARS** indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a “catch-up” immunization on any subsequent visit when indicated and feasible. **SHADOED BOXES** indicate age groups that warrant special effort to administer those vaccines not previously given.

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
<th>1 mo.</th>
<th>2 mos.</th>
<th>4 mos.</th>
<th>6 mos.</th>
<th>12 mos.</th>
<th>15 mos.</th>
<th>18 mos.</th>
<th>24 mos.</th>
<th>4-6 yrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRTH</td>
<td></td>
<td>HepB</td>
<td>HepB</td>
<td>HepB*</td>
<td>HepB</td>
<td>HepB</td>
<td></td>
<td></td>
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<tr>
<td>1 mo.</td>
<td><strong>Hepatitis B</strong></td>
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<tr>
<td>2 mos.</td>
<td><strong>Diphtheria, Hepatitis B, Pertussis</strong></td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
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<tr>
<td>4 mos.</td>
<td><strong>H. influenzae Type b</strong></td>
<td>Hib</td>
<td>Hib</td>
<td>Hib*</td>
<td>Hib</td>
<td>Hib</td>
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<tr>
<td>6 mos.</td>
<td><strong>Inactivated Polio</strong></td>
<td>IPV</td>
<td>IPV</td>
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<tr>
<td>12 mos.</td>
<td><strong>Measles, Mumps, Rubella</strong></td>
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<tr>
<td>15 mos.</td>
<td><strong>Varicella</strong></td>
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<tr>
<td>18 mos.</td>
<td><strong>Meningococcal</strong></td>
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<tr>
<td>24 mos.</td>
<td><strong>Pneumococcal</strong></td>
<td>PCV</td>
<td>PCV</td>
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<td>PCV</td>
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<tr>
<td>4-6 yrs.</td>
<td><strong>Influenza</strong></td>
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<tr>
<td>4-6 yrs.</td>
<td><strong>Hepatitis A</strong></td>
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</table>

*Hepatitis B (HepB) at 4 months and Influenza Type B (Hib) at 6 months are optional doses. Discuss these options with your child's physician.

†Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high risk groups. Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Arizona Early Intervention Program at 602-532-9960; TT/TTD Services: 7-1-1. Free language assistance for DES services is available upon request.

A Checklist of Your Child’s Growth

From Birth to Five

No Two Are Alike

As you use this checklist, keep in mind that the changes under each age are only a guide for you. They are based on the typical ages at which many children learn certain skills. Each child is one of a kind—no two are alike. They differ in appearance, how they feel about things and how they learn. They also differ in how they move and even in the speed of development. Your child may learn and grow more quickly or slowly in certain areas than other children of the same age.

Questions Are Good!

When you know just how your child should be growing and learning, you can improve your skills as a parent. You may see or even prevent possible problems. You can help to make your child's first exciting years count for a lifetime! Remember ... as parents, you know your child best. You are in charge of guiding your child and seeking help when needed. So, please ask questions if you have any concern about your child's development. For more information, ask your doctor or call your local school district.

The Arizona Early Intervention Program (AzEIP) Network of Agencies:

- DES/Division of Developmental Disabilities
- Department of Health Services
- Arizona State Schools for the Deaf and the Blind
- Department of Education
- Arizona Health Care Cost Containment System (AHCCCS)

100% Federally funded by the U.S. Department of Education/Office of Special Education and Rehabilitative Services through the Arizona Department of Economic Security/AzEIP Early Intervention Program.
Every Step Counts

When you are a busy parent it's a challenge to keep all the facts straight. You find yourself asking questions like, “Now when is she supposed to be walking?” or “Should he be talking more by now?”

Questions are good. In fact, if you have a child under five, now is the time to be asking those questions about your child's learning and growth. And now is the time to have their development checked on a regular basis. The way your child develops and learns today is key to his or her future. Every step counts—especially during these all-important first five years of life.

That is why it is important for you to know how your child should be learning and growing ... and that is why we have created this checklist brochure. Between visits to your doctor, use it as a guide to watching your child's changes. If you have any questions or concerns, please talk with your doctor. You can also check with your local school district to find out when developmental screenings are being offered in your community.

Look for These Changes in Your Growing Child:

3 Months
- Lifts head regularly when on tummy
- Makes cooing noise
- Quiets when spoken to
- Grasps objects placed in hand
- Begins to bat at objects

6 Months
- Sits with light support
- Babbles when alone or with someone
- Reaches for objects
- Holds objects with either hand
- Turns eyes and head toward sounds or voices
- Begins to crawl (moves around other than on hands and knees)

9 Months
- Sits without support
- Begins creeping (up on hands and knees)
- Imitates cough, bye-bye, hand clap, ma-ma
- Drops and looks for objects
- Can find toy hidden under cloth
- Likes to dump out and pick up things

1 Year
- Pulls up to a standing position and cruises around furniture
- Begins to say ma-ma and da-da to refer to parents
- Finger feeds self solid foods
- Follows a simple direction like “bring me the ball”
- Points to object she knows when asked "where is it?"
- Begins to use a spoon and hold a cup

1½ Years
- Walks well and runs by 18 months
- Can push, pull, carry and lift objects
- Names some objects
- Can point to simple pictures
- Brings you an object he knows when asked

2 Years
- Walks up and down stairs, two feet on each step
- Can name more than three body parts
- Scribbles
- Stacks two to four objects
- Uses two-word sentences
- Enjoys doing things for herself
- Gets easily frustrated
- Uses objects as they should be used

3 Years
- Uses three- to five-word sentences
- Sings simple songs
- Can jump in place
- Begins to ask questions
- Enjoys “pretend” play (for instance, pretending to be mom, dad, brothers and sisters)
- Can help brush teeth, wash hands, undress, etc.

4 Years
- Can use the toilet (with few accidents)
- Can balance on one foot, then the other
- Can name up to three colors
- Can retell parts of a familiar story
- Begins to play with other children rather than alongside them

5 Years
- Likes playground challenges
- Dresses self completely, including buttons, is beginning to zip, tie
- Can play cooperatively with a small group of children
- Draws people in two parts—head and arms or legs
- Can tell parents something that happened while they were gone
- Says number words to ten

Remember ... ask your doctor or call your local school district if you have questions about your child's development!

If you have concerns, call:
Arizona Children's Information Center
1-800-232-1676
Arizona Early Intervention Program
602-532-9960 or toll-free in Arizona only: 1-888-439-5609
E-mail: AllAzEIP2@azdes.gov
## Programa de Inmunizaciones

Las vacunas están en base a las edades normalmente recomendadas. BARRAS indican edades recomendadas para la inmunización. Todas dosis no administradas a la edad recomendada deben administrarse como inmunización complementaria en la siguiente edad en que estén indicadas y sea factible. CAJITAS SOMBREADAS indican grupos de edades que requieren esfuerzos especiales para administrar las vacunas que no fueran administradas anteriormente.

### Plan de inmunizaciones

<table>
<thead>
<tr>
<th>EDAD</th>
<th>VACUNAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 mes</td>
<td>HepB, HepB*</td>
</tr>
<tr>
<td>2 meses</td>
<td>DTA, DTA*</td>
</tr>
<tr>
<td>4 meses</td>
<td>HepB, HepB*</td>
</tr>
<tr>
<td>6 meses</td>
<td>VCV, MMR</td>
</tr>
<tr>
<td>12 meses</td>
<td>VCV, MMR</td>
</tr>
<tr>
<td>18 meses</td>
<td>VCV, MMR</td>
</tr>
<tr>
<td>24 meses</td>
<td>VCV, MMR</td>
</tr>
<tr>
<td>4-6 años</td>
<td>VCV, MMR</td>
</tr>
</tbody>
</table>

*Primer año: todas las vacunas se administran una vez. Posteriormente, las dosis se repiten cada 6 meses.*

### No hay dos que sean iguales

A medida que utilice su lista de verificación, recuerde que los cambios en cada edad son sólo guías, basadas en las edades típicas en las cuales muchos niños aprenden ciertas habilidades.

Cada niño (a) es único—no hay dos que sean iguales. Se diferencian en apariencia, en la manera de sentir acerca de las cosas y en la manera como aprenden. También se diferencian en la manera en que se mueven, e, incluso, en la rapidez de su desarrollo. Puede que su hijo o hija aprenda y crezca con más rapidez o lentitud en ciertas áreas que los otros niños de la misma edad.

### ¡Está bien preguntar!

Cuando Ud. sabe cómo debería estar desarrollándose y aprendiendo su hijo, Ud. enriquece sus aptitudes como padre o madre. También puede reconocer o hasta prevenir posibles problemas. ¡Y puede contribuir a que los primeros años excitantes de su niño cuenten para toda la vida!

Recuerda... como padres, Ud. conocen mejor que nadie a su hijo (a). Están a cargo de guiarlo y acudir por ayuda cuando se necesite. ¡Y puede contribuir a que los primeros años excitantes de su niño cuenten para toda la vida!

### Verifique el Crecimiento de su Hijo desde el Nacimiento hasta los Cinco Años

<table>
<thead>
<tr>
<th>EDAD</th>
<th>VACUNAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 años</td>
<td>HepA, HepA*</td>
</tr>
<tr>
<td>3-4 años</td>
<td>HepA, HepA*</td>
</tr>
<tr>
<td>5 años</td>
<td>HepA, HepA*</td>
</tr>
</tbody>
</table>

*Dosis de Hepatitis B (HepB) a los 4 meses y Influenza Tipo B (Hib) a los 6 meses son opcionales. Hable con su médico sobre estas opciones.*

---

*La vacuna de polisacárido neumocócica (PPV) en recomendada además de PCV para cierto grupos con alto riesgo.*

Aprobado por el Comité Asesor sobre Prácticas Inmunológicas (ACIP), la Academia Norteamericana de Pediatría (AAP), y la Academia Norteamericana de Médicos de Familia (AAFP).

Las leyes del Estado de Arizona requieren que los niños matriculados en escuelas y programas de cuidado infantil estén debidamente inmunizados de acuerdo a su edad. Los programas pueden cambiar. Consulte con su proveedor de servicios de salud.

---

No hay dos que sean iguales
Busque estos cambios en el desarrollo de su niño

3 meses
- levanta la cabeza regularmente cuando está boca abajo
- hace sonidos de arullo
- se calma cuando le hablan
- agarra objetos colocados en su mano
- comienza a palpar objetos

6 meses
- se sienta con poco apoyo
- balbucea cuando está solo o acompañado
- alarga la mano para tomar objetos
- agarra objetos con cualquier de las manos
- gira los ojos y la cabeza hacia sonidos o las voces
- comienza a movilizarse (se arrastra pero no en manos y rodillas)

9 meses
- se sienta sin apoyo
- comienza a gatear (en manos y rodillas)
- imita aplausos, la tos, dice adiós y mamá
- deja caer y busca objetos
- puede encontrar un juguete escondido bajo una cobija
- le gusta tirar y recoger cosas

1 año
- se levanta y camina apoyándose de los muebles
- comienza a decir ma-má y pa-pá para referirse a sus padres
- se alimenta comidas sólidas a sí mismo con los dedos
- sigue instrucciones sencillas como “tráigame la pelota”
- señala objetos que conoce cuando le preguntan “¿dónde está?”
- comienza a usar cuchara y a agarrar una taza

1 año y medio
- camina bien y corre a los 18 meses
- puede empujar, jalar, acarrear y levantar objetos
- nombra algunos de los objetos
- puede indicar hacia dibujos sencillos
- le trae un objeto que conoce cuando se le pide

2 años
- sube y baja escaleras con ambos pies en cada escalón
- puede nombrar más de tres partes del cuerpo
- escribe garabatos
- apila de dos a cuatro objetos
- se expresa en frases de dos palabras
- disfruta de hacer cosas por sí mismo (a)
- se frustra fácilmente
- utiliza objetos de la manera que se deben usar

3 años
- se expresa en frases de tres a cinco palabras
- canta canciones sencillas
- puede saltar en un mismo lugar
- comienza a hacer preguntas
- goza de jugar al “imitar” (por ejemplo pretender ser la mamá, el papá, los hermanos o las hermanas)
- puede ayudar a cepillarse los dientes, a lavarse las manos, a desvestirse, etc.

4 años
- puede utilizar el baño (con pocos accidentes)
- puede equilibrarse en un pie, después el otro puede nombrar hasta tres colores

5 años
- puede repetir partes de un cuento que es familiar
- comienza a jugar con otros niños en vez de hacerlo solo(a) al lado de ellos

Recuerde... ¡consulte a su médico o llame a su distrito escolar si tiene preguntas acerca del desarrollo de su hijo o hija!

Si tiene dudas, llame al:
- Centro de Información sobre Niños de Arizona
  1-800-232-1676
- Programa de Intervención Temprana de Arizona
  602-532-9960
- Gratis en Arizona solamente:
  1-888-439-5609
- E-mail AllAzEIP2@azdes.gov
# Medical Case Management Referral

**Note:** The initial member outreach will be initiated within three (3) business days of the member being identified for care management.

Date: ________________  Referral Taken By: ____________________________  Department: ____________________________

**Please send the Mercy Care Plan (Acute) referral form by faxing to 602-431-7159**

**Please send the Mercy Care Advantage referral form by faxing to 602-431-7161**

<table>
<thead>
<tr>
<th>Accept</th>
<th>Decline</th>
<th>Phone Intervention</th>
<th>Supervisor Initials and Due Date</th>
</tr>
</thead>
</table>

- **Member Name:** ____________________________  
  - ID #: __________  
  - BU: __________  
- **Parent/Guardian:** ____________________________  
  - DOB: __________  
  - Rate Code: _______  
- **Address:** ____________________________  
  - Age: __________  
- **City, Zip:** ____________________________  
  - Eligibility Date: __________  
- **Phone:** __________  
  - Message Phone: __________  
  - MCP Internal #: __________  
- **CURRENT LOCATION OF MEMBER:** ____________________________  
  - TPL/COB ID #: __________  
- **Current Address:** ____________________________  
  - Policy Name: ____________________________  
- **Current Phone:** ____________________________  
  - Policy #: ____________________________  
- **Contact:** ____________________________  
  - Phone: ____________________________  
- **Primary Care Physician:** ____________________________  
  - Phone: ____________________________  
- **Person Making Referral:** ____________________________  
  - Dept. Phone: ____________________________  

**Diagnosis:** ________________________________________________________________________________

**Description of Problem:**

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________
How to get healthy food so you and your family stay well

Mercy Care Plan cares about you and your family’s health. We want you to know about Arizona WIC (Women, Infants and Children).

What is WIC?
Arizona Women, Infants, & Children, (WIC), is a federally funded program providing nutritious foods, nutrition education, referrals, and breastfeeding resources and assistance. Who does WIC help?

Who does WIC help?
• Pregnant women
• Women who are breastfeeding
• Women who have just had a baby
• Babies
• Children who are under five years old

Why call WIC?
If you want more information about nutrition and ways to keep your family healthy, call WIC. WIC can also provide information about and/or help with several topics.

How do I apply?
Please call WIC today at 1-800-2525-WIC. WIC will help you make an appointment to find out if you qualify. Most members of Mercy Care Plan are eligible for WIC.

Contract services are funded in part under contract with the State of Arizona. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

If you have questions, please call Mercy Care Plan Member Services at 602-263-3000 or 1-800-624-3879. If you are deaf or have difficulty hearing, call 7-1-1.
Cómo obtener alimentos saludables para el bienestar de su familia y sí misma

A Mercy Care Plan le importa su salud y la de su familia. Deseamos que usted sepa sobre Arizona WIC (Mujeres, Infantes y Niños).

¿Qué es WIC?
Arizona Women, Infants, & Children, (WIC), es un programa financiado federalmente que provee alimentos nutritivos, educación nutricional, referencias, recursos y asistencia para la lactancia.

¿A quién ayuda WIC?
• Mujeres embarazadas
• Mujeres lactando
• Mujeres que acaban de tener un bebé
• Bebés
• Niños menores de cinco años de edad

¿Por qué llamar a WIC?
Si usted desea más información sobre nutrición y formas de mantener a su familia saludable, llame a WIC. WIC también puede proveer información y ayudar con diferentes temas. Cómo obtener alimentos saludables para el bienestar de su familia y sí misma.
• Información de:
  • Alimentar a un infante
  • Hacer alimentos saludables
  • Actividades para juego activo
  • Los beneficios de lactar
• Ayuda para:
  • Técnicas para lactar
  • Recibir referencias para vacunas
  • Recibir chequeos de salud y referencias

¿Cómo hago mi solicitud?
Por favor llame a WIC hoy al 1-800-2525-WIC. WIC le ayudará a hacer una cita para determinar si usted califica. La mayoría de los miembros de Mercy Care Plan son elegibles para WIC.

Servicios contratados están financiados en parte bajo contrato con el Estado de Arizona. Esta información de salud es general y no debe reemplazar el consejo o cuidado que recibe de su proveedor. Siempre pregúntele a su proveedor sobre sus propias necesidades de cuidados de salud.

Por favor llame a Servicios al Miembro de Mercy Care Plan al 602-263-3000 o al 1-800-624-3879. Si usted es sordo o tiene problemas de audición, llame al 7-1-1.
Head Start Program helps young children

At Mercy Care Plan, we care about our members. We want to help you give your child a good start in life. Head Start is a great way to begin! Head Start programs are provided at no cost to families. Call Head Start to find out if your child is qualified.

Head Start helps kids get ready for kindergarten.

Children must be 3 or 4 as of September 1 to be part of these programs. Head Start works to improve the lives of young children by providing:
• well-equipped classrooms
• nutritional snacks and meals
• classes for you and your kids
• special services for the disabled and handicapped health services

Get started with Head Start

If you live in one of the cities or counties below, call to find a facility near you. If you have any questions, please contact Mercy Care Plan Member Services at the number listed below:

**Phoenix:** 602-262-4040 or 602-506-5911

**Maricopa County:** 480-464-9669, ext. 200 for:
  - Ahwatukee, Cave Creek, Chandler, Chandler Heights, Gilbert, Guadalupe, Higley, Fountain Hills, Mesa, Queen Creek, Scottsdale, Tempe

**Maricopa County:** 623-486-9868 for:

**Other areas within Maricopa County or if you have questions:** 602-262-4040 or 602-506-5911

**Pima County:** 520-882-0100

**Coconino County:** 520-882-0100

**Cochise County**
  - Benson: 520-586-7174
  - Douglas: 520-364-5642 or 520-364-8298
  - Sierra Vista: 520-458-4366 or 520-452-9784
  - Bisbee: 520-432-2664

**Gila County:** 520-723-5321

**Graham County**
  - Pima: 928-485-3024
  - Safford: 928-428-0455 or 928-428-7770
  - Duncan: 928-359-2872

**Greenlee County:** 928-359-2872

**Pinal County:** 520-723-5321

**Yavapai County:** 520-882-0100

**Yuma County:** 928-782-1886

Please call Mercy Care Plan Member Services at 602-263-3000 or 1-800-624-3879. If you are deaf or have difficulty hearing, call 7-1-1.

Contract services are funded in part under contract with the State of Arizona.
El Programa de Head Start ayuda a los niños pequeños

En Mercy Care Plan, nos preocupamos por nuestros miembros. Queremos ayudarlo a que su hijo dé los primeros pasos hacia una vida saludable. ¡Head Start es un excelente comienzo! Los programas Head Start se ofrecen sin costo alguno para las familias. Llame a Head Start para saber si su hijo reúne los requisitos para participar.

Head Start ayuda a los niños a prepararse para el jardín de infancia.

Para poder participar en estos programas, los niños deben haber cumplido 3 o 4 años de edad antes del 1.º de septiembre. El objetivo de Head Start es mejorar la vida de los niños pequeños al brindarles lo siguiente:

- salones de clases bien equipados
- refrigerios y comidas nutritivos
- ¡clases para usted y sus hijos!
- servicios especiales para niños con incapacidades
- impedimentos físicos servicios de salud

Comience a recibir los beneficios de Head Start

Si vive en una de las ciudades o condados mencionados a continuación, llame a los números indicados para encontrar un centro cerca de su casa. Por favor llame a Servicios al Miembro de Mercy Care Plan para responder cualquier pregunta general.

Phoenix: 602-262-4040 or 602-506-5911
Maricopa County: 480-464-9669, ext. 200 for:
Ahwatukee, Cave Creek, Chandler, Chandler Heights, Gilbert, Guadalupe, Higley, Fountain Hills, Mesa, Queen Creek, Scottsdale, Tempe

Maricopa County: 623-486-9868 for:

Other areas within Maricopa County or if you have questions: 602-262-4040 or 602-506-5911
Pima County: 520-882-0100
Coconino County: 520-882-0100
Cochise County
Benson: 520-586-7174
Douglas: 520-364-5642 or 520-364-8298
Sierra Vista: 520-458-4366 or 520-452-9784
Bisbee: 520-432-2664
Gila County: 520-723-5321
Graham County
Pima: 928-485-3024
Safford: 928-428-0455 or 928-428-7770
Duncan: 928-359-2872
Greenlee County: 928-359-2872
Pinal County: 520-723-5321
Yavapai County: 520-882-0100
Yuma County: 928-782-1886

Por favor llame a Servicios al Miembro de Mercy Care Plan al 602-263-3000 o al 1-800-624-3879. Si usted es sordo o tiene problemas de audición, llame al 7-1-1.

Servicios contratados están financiados en parte bajo contrato con el Estado de Arizona.

www.MercyCarePlan.com
Facebook.com/mercycareplan
Autism Spectrum Disorder Training for Health Professionals

The Southwest Autism Research & Resource Center provides a FREE monthly training for health professionals which includes: screening, diagnosis, behavioral treatments, common medical problems, medications and community services for individuals with ASDs.

Date: First Tuesday of each month
Time: 1:00 to 3:30
Place: SARRC
2225 N. 16th Street, Phoenix 85006
RSVP: Sharman Ober-Reynolds
602-218-8225
soberreynolds@autismcenter.org

Sponsored by:

Southwest Autism Research & Resource Center

www.MercyCarePlan.com
Thank you for completing the CAQH Provider Application.

You will use these forms to submit supporting documentation and authorize the release of your credentialing data to participating healthcare organizations. This page will serve as your fax cover sheet. Please assemble all pages as instructed, complete this form, and fax to:

**Fax Number 1-866-293-0414**

**Instructions:**
The supplemental documentation requested in your application is listed below. For each of the documents that apply to you, please indicate the ID of the attachment, the number of pages for that attachment and the state of issue (if applicable). For each document, also indicate with an "X" if you are adding the document to the system (first time submitting that particular document) or replacing that previously submitted document.

**Documents requested in your application.**  [R] = Required, [CR] = Required only if you hold the listed certificate.

<table>
<thead>
<tr>
<th>ID Attachment</th>
<th>ID Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>000 Credentialing Application (Required for paper applications only)</td>
<td>046 Professional Liability Verification</td>
</tr>
<tr>
<td>012 Board Certification Certificate</td>
<td>002 State Controlled Substance (CDS) Certificate [CR]</td>
</tr>
<tr>
<td>014 CME/CEU Session Certificates</td>
<td>007 State License Certificate [R]</td>
</tr>
<tr>
<td>003 Current Professional Liability Insurance Policy Face Sheet [R]</td>
<td>004 W9 - Please submit especially for any newly reported tax ID numbers</td>
</tr>
<tr>
<td>025 Curriculum Vitae/Resume</td>
<td></td>
</tr>
<tr>
<td>001 DEA Registration [CR]</td>
<td></td>
</tr>
<tr>
<td>011 ECFMG Certificate</td>
<td></td>
</tr>
<tr>
<td>014 Formal Post-Graduate Training Certificates</td>
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<tr>
<td>007 Other State License(s)</td>
<td></td>
</tr>
<tr>
<td>030 Permanent Resident Card or Visa Status [CR]</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attachment ID (see above)</th>
<th>Number of Pages</th>
<th>Issuing State (if applicable)</th>
<th>Mark only one box for each document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: 110</td>
<td>1</td>
<td>KS</td>
<td>Add X Replace</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Number of Pages</th>
<th>Issuing State (if applicable)</th>
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</tr>
</thead>
</table>

**www.MercyCarePlan.com**

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Provider Notification

Primary Care Physician (PCP) Change Form

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>October 1, 2014</th>
<th>Revision Date</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans Affected</td>
<td>All Mercy Care Plans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mercy Care Plan has developed a form for immediate use for providers to request a PCP change on the member’s behalf. This form will assist in expediting these changes on the member’s behalf without the member having to call in and make the request themselves.

The form is titled **PCP Change Request Form** and is available on Mercy Care’s website under the Forms Section.
Provider Notification
Laboratory Services Network and In-Office Lab Codes

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Plan Affected</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 12, 2015</td>
<td>All Lines of Business</td>
<td>October 1, 2011</td>
</tr>
</tbody>
</table>

Effective with dates of service on or after October 1, 2011, Mercy Care Plan will implement changes to its laboratory services network. Please note the following updates:

- Sonora Quest Laboratories, a subsidiary of Laboratory Sciences of Arizona, will be the only provider of laboratory services for all of our Acute, DDD, Mercy Care Long Term Care (MCLTC), and Mercy Care Advantage (MCA) membership. If your practice location does not presently have a relationship with Sonora Quest Laboratories, please contact their Sales Support Department at (602) 685-5285. Sonora Quest Laboratories will work closely with your practice to assure a smooth transition takes place.

- ALL genetic testing requests must be authorized in advance. The prior authorization staff will direct you to the appropriate laboratory service provider for the test that you are requesting.

- Please DO NOT send any Mercy Care members to a hospital reference laboratory for services. All laboratory testing can be provided by Sonora Quest Laboratories.

- Since Sonora Quest is Mercy Care Plan’s preferred lab, we only allow the following lab services to be reimbursed in the physician office setting:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81002</td>
<td>Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, non-automated, without microscopy</td>
</tr>
<tr>
<td>81025</td>
<td>Urine pregnancy test, by visual color comparison methods</td>
</tr>
<tr>
<td>82270</td>
<td>Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection)</td>
</tr>
<tr>
<td>82962</td>
<td>Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use</td>
</tr>
<tr>
<td>83026</td>
<td>Hemoglobin; by copper sulfate method, non-automated</td>
</tr>
<tr>
<td>83036 QW</td>
<td>Hemoglobin; glycosylated (A1C)</td>
</tr>
<tr>
<td>83037 QW</td>
<td>Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use</td>
</tr>
<tr>
<td>85013</td>
<td>Blood count; spun microhematocrit</td>
</tr>
<tr>
<td>85014 QW</td>
<td>Blood count; hematocrit (Hct)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>85018 QW</td>
<td>Blood count; hemoglobin (Hgb)</td>
</tr>
<tr>
<td>85610 QW</td>
<td>Prothrombin time</td>
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<tr>
<td>85651</td>
<td>Sedimentation rate, erythrocyte; non-automated</td>
</tr>
<tr>
<td>86308 QW</td>
<td>Heterophile antibodies; screening</td>
</tr>
<tr>
<td>86580</td>
<td>Skin test; tuberculosis, intradermal</td>
</tr>
<tr>
<td>87210 QW</td>
<td>Smear, primary source with interpretation; wet mount for infectious agents (e.g., saline, India ink, KOH preps)</td>
</tr>
<tr>
<td>87804 QW</td>
<td>Infectious agent antigen detection by immunoassay with direct optical observation; Influenza</td>
</tr>
<tr>
<td>87880 QW</td>
<td>Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A</td>
</tr>
</tbody>
</table>
ARIZONA DEPARTMENT OF HEALTH SERVICES

PLEDGE TO PROTECT CONFIDENTIAL INFORMATION

I, __________________________ understand and agree to abide by the following statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information (“PHI”), and all other sensitive information:

1. I understand that as a user of information at the Arizona Department of Health Services, I may develop, use, or maintain information relating to public health and welfare, direct or indirect health care, quality improvement, peer review, audit functions, education, billing, reimbursement, administration, research or other approved purposes. This information, from any source and in any form, including, but not limited to paper records, oral communications, audio recordings and electronic display, is considered confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure or request.

2. I understand that it is the policy of the Arizona Department of Health Services that users (i.e., employees, medical staff, students, volunteers, contractors, vendors and others who may function in an affiliated capacity) shall respect and preserve the privacy, confidentiality and security of confidential information.

3. I understand that persons who have access to information that contains confidential information are ethically and legally responsible for observing the federal and state statutes and rules governing confidential records. I will not alter, misuse, disclose without proper authority or the individual’s authorization any confidential information.

4. I understand that confidential information may include oral communications, paper or electronic documents, databases, audio/visual tapes, and other items identified as “confidential” or “sensitive” information.

5. I understand that Arizona State Law prohibits me from using confidential information for personal gain.

6. I understand that confidential information in my control must be maintained and protected from inappropriate disclosure at all times (i.e., hard copy information when not in use will not be accessible to others, including stored in locked or other secure compartments, computer files must be password protected and closed, working documents turned face down on desk, electronic transmission of information will be encrypted according to Department policy, etc.)

7. I understand that it is the user’s responsibility to protect highly sensitive Department information. As such, I am required to use good judgment in assessing what form of communication is appropriate for particular information. If I have any questions or concerns, I am to consult Department policies, my supervisor or the applicable Assistant Director for guidance.

www.MercyCarePlan.com
8. I understand that confidential information may only be accessed when I am specifically authorized to do so by the appropriate program manager and I will use only the amount of information necessary within the scope of my duties. When confidential information is no longer needed, I will dispose of it in an appropriate manner to prevent inappropriate access to that information.

9. I understand that confidential information, including paper and electronic records, correspondence, documents and other forms of such information, cannot be released to or discussed with anyone other than authorized individuals. I will also violate this provision if I intentionally or negligently mishandle or destroy confidential information.

10. I understand that I am not to contact the individuals(s) or other related persons to whom confidential information pertains unless I am specifically authorized to do so by law and the appropriate program manager.

11. I understand that it is a violation of Department and State of Arizona policy for me to share my sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas. I further understand that I will not use another person’s sign-on code and/or password or otherwise attempt to access electronic confidential information or to gain physical access to a restricted area that is not within the scope of my work or permitted by my supervisor.

12. I understand that it is my responsibility to know and abide by any additional confidentiality provisions required by my job that may be issued by the Department, Division, Bureau, program or other work unit to which I report. If I have questions about which confidentiality rules apply to my job, I understand that it is my responsibility to ask my supervisor prior to releasing any information, even if the information request is in the form of a subpoena or other legal document.

13. I understand that it is my responsibility to report any observed or suspected breach of confidentiality by any other Department employee to my supervisor.

14. I understand that if it is determined that I have violated this Pledge or any other confidentiality requirement, I may be subject to formal disciplinary action up to and including termination of employment, loss of privileges, contractual or other rights which may be granted as a result of an affiliation in accordance with Department and/or State of Arizona procedures. Unauthorized use or release of confidential information may also subject me to personal, civil, and/or criminal liability and legal penalties.

SERVICE DESIGNATION:  □ Employee  □ Contractor  □ Volunteer  □ Student  □ Other _________

____________________________  ___________________________  _________________________
Signature                        Title                                Date
**EPSDT supply order form**

Please fax request to:  
**860-975-3201**  
Provider Services Department  
Mercy Care Plan

<table>
<thead>
<tr>
<th>Provider office:</th>
<th>Requestor name:</th>
<th>Telephone number:</th>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EPSDT Forms (50/Pk)</th>
<th>1 Pk.</th>
<th>2 Pk.</th>
<th>3 Pk.</th>
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</thead>
<tbody>
<tr>
<td>3–5 Days</td>
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<td></td>
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<tr>
<td>One month</td>
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<td>Two months</td>
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<tr>
<td>Four months</td>
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<td>Six months</td>
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<tr>
<td>Nine months</td>
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<tr>
<td>12 Months</td>
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<tr>
<td>15 Months</td>
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<tr>
<td>18 Months</td>
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<tr>
<td>24 Months</td>
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<tr>
<td>Three years</td>
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<td>Four years</td>
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<td>Five years</td>
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<td>Six years</td>
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<td>7–8 Years</td>
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<tr>
<td>9–12 Years</td>
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<td>13–17 Years</td>
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<tr>
<td>18–21 Years</td>
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</table>
### Provider assistance program

**IMPORTANT INSTRUCTIONS:** The purpose of the Provider Assistance Program is to help our providers coordinate and/or manage the medical care for Mercy Care Plan members at risk. Please complete this form and fax or mail it to member services (fax: 602-351-2313). The member will NOT be removed from your roster unless your efforts and those of the Health Plan do not result in the member's compliance with medical instructions.

<table>
<thead>
<tr>
<th>Member name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Member ID#:</td>
</tr>
<tr>
<td>City, state, zip:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>Primary diagnosis:</td>
<td>Business unit/county:</td>
</tr>
<tr>
<td>Provider:</td>
<td></td>
</tr>
<tr>
<td>Provider address:</td>
<td>Type of provider:</td>
</tr>
<tr>
<td>Provider city, state, zip:</td>
<td>Group #:</td>
</tr>
<tr>
<td>Provider phone number:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
</tr>
</tbody>
</table>

**Member Issue: (select the primary issue only):**

- [ ] Communication/deteriorated relationship (PR01)
- [ ] Excessive emergency room usage (PR03)
- [ ] Excessive no-shows (PR04)
- [ ] Non-compliant with medical care (PR05)
- [ ] Possible drug seeking (PR06)
- [ ] Possible fraud (PR08)
- [ ] Complex medical care/different doctor needed (PR07)
- [ ] Other (PROT)

Briefly describe the problem:

---

Provider signature | Date:
VI. Division of Developmental Disabilities (DDD)
Division of Developmental Disabilities (DDD)
Provider information

Mercy Care Plan understands that taking children to the doctor can be challenging. These challenges are greater when your child has special needs. Parents of DDD members may need to schedule and attend extra appointments with specialists as well as coordinate care. As a result, well child visits and immunizations are often missed or late.

Mercy Care Plan has implemented outreach that focuses on reminding parents of DDD members how important preventative services are. For example:

• An article was included in our member’s newsletter that reminded parents that even when there are many other appointments to attend, well visits and immunizations are still an important part of their child’s medical care.
• Mercy Care plan is collaborating with DDD Support Coordinators when it will increase the quality of care that the member is receiving. For example, if a parent refuses to take their child in for a well visit, we will contact the DDD Support Coordinator to let them know. Discussing the issue with someone who is directly involved in their child’s care may make a difference.
• Mercy Care Plan provides specific outreach to providers that have a high number of members that are not up to date on immunization or well visits.
• During outreach calls to parents of DDD members referred to the dentist during a well-child visit, a list of dentist that have experience with special needs children will be referenced. This information is also included for you.

How can we help?

• Complete a well-child exam and EPSDT form, even if the patient schedules an appointment for something else.
• Make sure that the patient has been in recently before approving requests for DME or nutritional supplements.
• Set up an automatic reminder/recall system within your office so parents are notified by phone or mail when it’s time for a well visit.

For more information:
Mercy Care Plan website: www.MercyCarePlan.com
Dental directory for special needs members

AZ School of Dentistry and Oral health
5855 E. Still Cir, #101
Mesa, AZ 85206
480-248-8100

Raymond Solomon
5757 W. Thunderbird Rd. #451
Glendale, AZ 85306
602-345-7959

Jeffrey N. Brownstein DDS
13575 W. Indian School Rd. #100
Litchfield, AZ 85340
623-935-9873

3618 W. Anthem Way #D104
Phoenix, AZ 85086
623-935-9873

Tyler Carter DDS
3220 S. Gilbert Rd. #1
Chandler, AZ 85286
480-802-2200

Michael LaCorte DDS
8351 N. Oracle Rd.
Tucson, AZ 85704
520-297-5900

Mark Maklin
2370 N. Wyatt Dr. #110
Tucson, AZ 85712
520-325-6991

AZ Pediatric Dentist & Orthodontics
4145 N. 108th Ave.
Phoenix, AZ 85037
623-344-2000

Thuy B. Ngo, DMD
4550 E. Bell Rd.
Bldg. 1, Ste. 102
Phoenix, AZ 85032
602-485-1588

Randy Weinshel, DDS
3220 S. Gilbert Rd., Ste. #1
Chandler, AZ 85286
480-298-8771