



**Provider Alert  
Outreach Services for Missed EPSDT Appointments**

**September 22, 2015**

**MedStar Family Choice-District of Columbia Healthy Families**

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MedStar Family Choice works closely with members and providers to ensure that member their parents/guardians are counseled about the importance of keeping appointments, especially those related to EPSDT services. Therefore, in an effort to work together in maintaining compliance with EPSDT requirements, we have created an EPSDT Outreach Services Referral Form which is separate and distinct from the Outreach Services Referral Form that is already available and in place for all other Outreach requests.

All missed EPSDT appointments and services must be documented and then reported on this form and not the general Outreach Services Referral Form. Once the form is completed, keep a copy in the member's chart and fax the form to our MFC Outreach Department at: 202-243-5496.

Form questions and or comments; please contact our Outreach Department regarding this form at 855-210-6203.

Attachment



Date: \_\_\_\_\_

### District of Columbia Healthy Families EPSDT Outreach Services Referral Form

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ MSFC ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Parent/Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Member PCP: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax# \_\_\_\_\_

#### REASON FOR OUTREACH REFERRAL

\_\_\_\_\_ Missed Well Child Visit: List Date \_\_\_\_\_

\_\_\_\_\_ Missed Immunization Visit: List missing immunization \_\_\_\_\_

\_\_\_\_\_ In Need of Lead Testing

\_\_\_\_\_ In Need of Dental Exam

\_\_\_\_\_ Assist/Educate w/transportation

\_\_\_\_\_ Educate about MCO processes

Other: \_\_\_\_\_

#### RESULTS OF MEDSTAR FAMILY CHOICE OUTREACH

(check all that apply)

Telephone Outreach Attempt: Date \_\_\_\_\_ Successful :  Yes  No

Face to Face Outreach Attempt: Date \_\_\_\_\_ Successful :  Yes  No

If Yes, indicate outcome:

\_\_\_\_\_ Appointment scheduled for Member: Date: \_\_\_\_\_ Provider: \_\_\_\_\_

\_\_\_\_\_ Assisted with transportation

\_\_\_\_\_ Educated member about MCO processes / Outreach Programs

\_\_\_\_\_ Other: \_\_\_\_\_

Outreach Representative: \_\_\_\_\_ Phone: \_\_\_\_\_