



Dear Valued Provider:

The Health Choice Arizona, EPSDT (Early and Periodic Screening, Diagnostics and Treatment) department has noted a remarkable reduction in EPSDT / Well Child Visit Tracking Forms and/or Electronic Health Records (EHR), submitted by our contracted providers.

EPSDT is providing the following information as a reminder regarding the use and submission of EPSDT / Well Child Visit Tracking Forms or equivalent EHR's to the Health Plan EPSDT Coordinator, for proper follow up and processing.

Per the AHCCCS Medical Policy Manual Chapter 430 Attachment E, accessible through the below link, the following are a few of the key guidelines for use and submission of the EPSDT Tracking Forms & EHR's.

<https://www.azahcccs.gov/shared/MedicalPolicyManual/index.html>

**Providers must complete EPSDT forms and/or Electronic Health Records (EHR), at every EPSDT/Well Child Visit, complete all age appropriate screenings in accordance with the AHCCCS EPSDT and Dental Periodicity Schedule.**

**AHCCCS requires provider use of the EPSDT Tracking form or Electronic Health Record (EHR) for documentation of the Well Child Visit.**

"The Arizona Health Care Cost Containment System (AHCCCS) EPSDT Tracking Forms must be used by all providers offering care to AHCCCS members less than 21 years of age to document age-specific, required information related to EPSDT screenings and visits. Only AHCCCS EPSDT Tracking Forms may be used; paper form substitutes are not acceptable. However, the provider may choose to utilize electronic health record system, **so long as the electronic form includes all components present on the AHCCCS EPSDT Tracking Form.**"

**AHCCCS requires providers to send completed EPSDT Well Child Visit Tracking Form or EHR, to the Contractor's EPSDT Department / Coordinator.**

"AHCCCS Contractors are required to print two-part carbonless EPSDT Tracking Forms (a copy for the medical record and a copy for providers to send to the Contractor's EPSDT Coordinator) and distribute these forms to their contracted providers. Providers may also choose to print the EPSDT Tracking Form from the AHCCCS website."

***Where to submit EPSDT Well Child Visit Tracking Forms or equivalent Electronic Health Records (EHR's).***

***Please submit EPSDT Tracking forms and EHR's directly to the EPSDT department, either by email or fax. It is not necessary to attach tracking forms to claims submissions.***

***Email: [HCH.EPSDTCHEC@steward.org](mailto:HCH.EPSDTCHEC@steward.org)***

***Fax: (480) 760-4716***

**Health Choice Arizona EPSDT Department**

**410 N. 44<sup>th</sup> Street, Suite 900, Phoenix, AZ 85008**

**Phone: 480-968-6866 | Toll-Free: 800-322-8670 | TTY 711 | Fax: 480-784-2933**

**[HealthChoiceAZ.com](http://HealthChoiceAZ.com)**



# EPSDT TRACKING FORM ORDER SHEET

**Please fax your request to: 480-784-2933**

**Provider/Practice Name:** \_\_\_\_\_  
**Physical Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Shipping Address (if different from physical address)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Total # of Health Choice Arizona (HCA) EPSDT eligible (0-21 yrs) members assigned at this location:** \_\_\_\_\_

Please circle the number of packets (1 or 2) needed for each age group (25 forms per packet).  
***If you have multiple sites under your practice, please submit ONE request per site.***

<b>3 – 5 Days</b>	<u>    1    </u>	<u>    2    </u>	<b>24 Months</b>	<u>    1    </u>	<u>    2    </u>
<b>1 Month</b>	<u>    1    </u>	<u>    2    </u>	<b>3 Years</b>	<u>    1    </u>	<u>    2    </u>
<b>2 Months</b>	<u>    1    </u>	<u>    2    </u>	<b>4 Years</b>	<u>    1    </u>	<u>    2    </u>
<b>4 Months</b>	<u>    1    </u>	<u>    2    </u>	<b>5 Years</b>	<u>    1    </u>	<u>    2    </u>
<b>6 Months</b>	<u>    1    </u>	<u>    2    </u>	<b>6 Years</b>	<u>    1    </u>	<u>    2    </u>
<b>9 Months</b>	<u>    1    </u>	<u>    2    </u>	<b>7 – 8 Years</b>	<u>    1    </u>	<u>    2    </u>
<b>12 Months</b>	<u>    1    </u>	<u>    2    </u>	<b>9 – 12 Years</b>	<u>    1    </u>	<u>    2    </u>
<b>15 Months</b>	<u>    1    </u>	<u>    2    </u>	<b>13 – 17 Years</b>	<u>    1    </u>	<u>    2    </u>
<b>18 Months</b>	<u>    1    </u>	<u>    2    </u>	<b>18 – 21 Years</b>	<u>    1    </u>	<u>    2    </u>

**These EPSDT Tracking Forms are being dispensed for utilization during Well Care Visits for Health Choice Arizona (HCA) enrolled members. Please contact other AHCCCS health plans to obtain copies for other AHCCCS health plan enrolled members.**