

***Issue Guidance***

***Payer Requirements for Preventive Medicine Service Upon Enrollment***

5/20

**Issue:** Some payers require that newly enrolled patients receive a preventive medicine service within a limited timeframe of enrolling with plan that in certain cases result in overutilization and unnecessary duplicative services with no increase in value

**Impact to Pediatricians:** While it is commendable for payer’s efforts to ensure that their new enrollees are receiving needed preventive services, unless properly designed, these policies may contribute to unnecessary visits and overutilization. This is the case when a patient may have recently received a full comprehensive preventive medicine service, but had to switch plans possibly due to a job loss or job change. Unless medically indicated, it would be unnecessary for the same physician to see the patient back for another comprehensive preventive medicine service as required by the new health plan. However, where this may be very important is when the patient also has to change primary care providers. This required preventive medicine service could be important in helping the new physician establish care and get a thorough past, family and social history before the patient may have a medical condition that needs addressing.

**Impact to Patients/Families:** Families' lives are busy, complex and coordinating an appropriate time for (a possible) additional preventive service is not always warranted. For those patients not needing an additional service because they have recently had one with the same provider, it is a waste of time and resources and of limited value. Often time parents have to take time off work or schedule it around other activities and if one is not needed, it should not be required. However, on the other hand, when switching practices, it is often helpful to have that initial comprehensive preventive service to get acquainted with a physician before a patient may need acute care for an illness. It helps to put the family at ease.

**Recommendations:**

1. Obtain documentation from the payer on their rules regarding timing of well visits/preventive services if new to the payer.
2. If the payer requires an initial comprehensive preventive medicine service upon enrollment advocate using the following logic:
   1. Allow an override to this requirement to see a provider upon enrolling if that same provider can show proof of a previous preventive medicine service within the past 6 months
   2. If, however, the patient is new to a payer and new to a provider, allow a comprehensive preventive medicine service regardless of the timing of the previous preventive medicine service

**AAP Resources**

* AAP Recommendations for Preventive Pediatric Health (also referred to as the [Bright Futures/AAP Periodicity Schedule​](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)),
* [Bright Futures Guidelines](https://brightfutures.aap.org/about/Pages/About.aspx)
* [Immunization Schedule](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Immunization-Schedule.aspx)