Well Child Exams -

These preventative health exams are also referred to as EPSDT, or the Early and Periodic Screening, Diagnosis and Treatment program for Medicaid eligible children under 21 years of age in the state of Alaska.

Medical

Complete physical exams, or check-ups, are covered until a child turns 21. A complete check-up should include:

- Height and weight measurement
- Vision, hearing, and dental screening
- Immunizations, if needed
- Growth and development assessment
- Time for parents, children and teens to have questions answered
- Age-related information about normal development, food, health, and safety
- Referrals for dental care, vision exams, and WIC depending on the patient's age.

Regular check-ups help parents keep track of their child's growth. They also increase the chances that health problems are found early. Children and teens should have a complete exam at the following ages:

- Birth, 2, 4, 6, 9 and 12 months
- 15, 18 and 24 months
- 3, 4, 5 and 6 years
- At least every other year after age 6.

If you want this exam to count as a physical for school activities or camp, bring the school's forms with you to the appointment.

Dental

Children and teens should visit a dentist at the following times:

- Birth through 2, when needed.
- At least every year starting at age 3.

Vision

Children and teens should visit a vision specialist at the following times:

- Birth through 4, when needed;
- At least every year starting at age 5.

If a you need help in finding a provider to give your child an exam, or making an appointment for an exam, they should call the Recipient Helpline. If they need help finding local transportation to an exam, you may call EPSDT travel with the Division of Health Care Services at 269-4575 in Anchorage, or 1-888-276-0606 elsewhere in Alaska.

Care Management Program

The Care Management Program (CMP) is a program within Alaska Medicaid that has been set up to help selected recipients establish a primary care provider for their health care services and medication needs. The CMP selects recipients that have used services in an amount or at a frequency that is not medically necessary. (7AAC 43.027)

Once a recipient is placed in the Care Management Program they are restricted to one provider and one pharmacy for a period of 12 months of eligibility. Your primary care provider is the only provider who can refer you to another doctor or specialist. If you see another provider without a referral you will be responsible for payment of the bill. The only exception to this is in the case of a medical emergency. When you are seen in the Emergency Room for a true medical emergency you will not need a referral. If the reason you are seen in the Emergency Room is not related to an emergency you will be responsible for payment of the bill.

Recipients in the Care Management Program do not receive their coupons from their Public Assistance caseworker. The coupons are printed and sent out by a CMP coordinator and list the primary care provider and pharmacy that have been chosen for your care. You may contact the Recipient Helpline if you need additional coupons and they will direct you to a Care Management Program coordinator.