



New York Medicaid: Tuberculosis, sexually transmitted infections, HIV testing and lead screenings

UnitedHealthcare Community Plan (UHCCP) providers help prevent, identify and treat tuberculosis (TB), sexually transmitted infections (STIs), HIV and childhood lead exposure through appropriate screening, testing, treatment, counseling, reporting and follow-up.

Clinical protocols should follow current NYSDOH and Centers for Disease Control and Prevention (CDC) guidance and applicable New York State public health laws.

Tuberculosis

Early identification and treatment of tuberculosis (TB) remain an important public health priority. You can help:

- Assess patients for TB risk factors during routine care
- Perform appropriate testing for individuals at increased risk for latent or active TB
- Promptly evaluate patients presenting with symptoms consistent with active TB
- Initiate treatment or arrange referral for treatment according to current clinical guidelines
- Report suspected or confirmed cases in accordance with NYSDOH and local health department requirements

Special attention should be given to high-risk populations, including individuals with HIV infection, recent immigrants from high-prevalence countries, persons experiencing homelessness, residents of congregate settings and individuals with immunocompromising conditions.

Clinical documentation should clearly reflect screening, test results, treatment plans, patient Education and referral activities.

Sexually transmitted infections

UHCCP, in accordance with NYSDOH Medicaid regulations, emphasizes prevention, early detection and treatment of sexually transmitted infections. Participating providers should:

- Conduct age-appropriate and risk-based STI screening
- Counsel patients regarding risk reduction and prevention strategies
- Ensure timely diagnosis and treatment of chlamydia, gonorrhea, syphilis and other reportable STIs
- Maintain access to confidential STI services
- Support partner notification efforts when required by public health regulations

Remain familiar with evolving NYSDOH guidance related to STI screening frequencies, antimicrobial resistance concerns and management of congenital syphilis prevention.

HIV testing and care

New York State law and Medicaid managed care requirements support routine HIV screening as part of standard medical practice. You can help meet these requirements by:

- Offering HIV testing routinely to patients in accordance with New York State requirements
- Incorporating HIV screening into routine medical care for individuals ages 13 through 64

- Assessing HIV risk factors through sexual behavior and substance use assessments when clinically appropriate
- Ensuring HIV testing is offered early in pregnancy and, when indicated, during the third trimester

Documentation and confidentiality

- HIV counseling and testing are routine components of care for Medicaid members
- Refusal of HIV testing should be documented in the medical record
- HIV-related information must be handled in accordance with Article 27-F of New York Public Health Law and other applicable confidentiality standards
- Maintain policies and procedures governing access, disclosure, storage and protection of HIV-related information

Reporting requirements

You are required to report:

- Positive HIV test results
- HIV diagnoses
- Known contacts, as required by New York State reporting regulations

Reporting requirements support public health surveillance, linkage to care and partner notification services.

Linkage to care

Patients identified with HIV should be promptly connected to appropriate treatment, case management, care coordination services, and specialty care as needed. We encourage you to follow current NYSDOH AIDS Institute clinical guidelines.

Childhood lead screening

Lead exposure continues to pose a significant risk to young children. New York State requires providers to ensure appropriate lead screening and follow-up. You can help meet these requirements by:

- Conducting blood lead testing at the ages required by New York State Medicaid policy
- Assessing environmental and social risk factors associated with lead exposure
- Educating families on lead poisoning prevention
- Ensuring appropriate follow-up testing and care management when elevated blood lead levels are identified

Documentation and follow-up

Medical records should clearly document:

- Screening completion
- Test results
- Family education provided
- Repeat testing when indicated
- Referrals to public health or environmental resources for children with elevated lead levels

Questions? We're here to help.

For chat options and contact information, visit UHCprovider.com/contactus.