Policy Title: Adult Preventive Services

Department: Utilization Management (UM)

Policy Number: UM 139

Rev. Date(s): 01/01/2019, 04/22/2022, 05/04/2022

Effective Date: 09/01/1996

Product Lines:	☐ All	☑ Gold Coast Medi-Cal	☐ FFS Medi-Cal
	☐ Medicare	☐ Commercial	
Age Limitations:	☐ None	☐ Under 21	☑ Other

Policy

1. For Members 18 years of age and older, Primary Care Physicians (PCPs) are required to deliver Adult Preventive Services consistent with the most recent edition of the United States Preventive Services Task Force (USPSTF) guidelines, unless specified differently by AHP. According to the USPSTF, services with a grade of "A" or "B" are recommended to be offered or provided.
2. If a Member does not receive the appropriate services as required, the PCP must document attempts made to contact the Member and the Member's non-compliance.
3. In accordance with State and Federal standards AHP requires all AHP network Physicians to provide immunization services according to the most recent U.S. Public Health Service's Advisory Committee on Immunization Practice (ACIP) recommendations, regardless of the Member's age, sex, or medical condition, including pregnancy. When the Medi-Cal Provider Manual outlines immunization criteria less restrictive than ACIP criteria, Providers are to administer immunizations in accordance with the less restrictive Medi-Cal Provider Manual criteria.
4. Pursuant to State requirements, Medi-Cal Member can access immunization services through Local Health Department (LHD) immunization clinics.
5. All preventive services outlined in this document, including immunizations, are not subject to prior authorization requirements unless otherwise specified.

Procedures

Health Assessments

1. PCPs are required to provide an Initial Health Assessment (IHA) within one hundred twenty (120) days of enrollment to all Medi-Cal Members assigned to them.
2. PCPs are required to provide targeted history and physical examinations focused on the needs and risk factors of Members on an annual basis.
3. History and physical examinations must include, at a minimum:
    a. Comprehensive (initial) or interim medical history including history of illness, injury, family history, etc;
    b. Staying Healthy Assessment (SHA) using the age appropriate "Staying Healthy Assessment" tool; Physical exam - Either comprehensive (initial) or targeted (interim) addressing all appropriate parts of the body and organ systems, including screening for high blood pressure, pulse, respiratory rate, temperature, height and weight, and BMI;
        i. The Staying Healthy Assessment (SHA) includes screening questions regarding Member's smoking status and/or exposure to tobacco smoke.

ii. Members are to be annually assessed on their tobacco use status, unless an assessment needs to be re-administered based on the Staying Healthy Assessment's periodicity schedule.
    1. Providers are to review the questions on tobacco with the Member. This constitutes as individual counseling.
iii. Providers are required to ask Members about their current tobacco use and document this information in their medical record at every visit.

c. Dental screening – An oral survey for teeth, gum or oral cavity related illnesses or injuries; and

4. Vision and hearing screening as appropriate for age.
5. With regards to Members identified as using tobacco products. AHP encourages Providers to implement the following interventional approach:
    a. Providers are encouraged to use a validated behavior change model to counsel Members who use tobacco products. Examples include the following which can be found in the Provider Training Material, which can be requested through Providers Services or available online on the Provider Portal:
        i. Use of the "5 A's" – Ask, Advise, Assess, Assist, and Arrange.
        ii. Use of the "5 R's" – Relevance, Risks, Rewards, Roadblocks, and Repetition.
    b. Members are able to receive a minimum of four (4) counseling sessions of at least ten (10) minutes/session. Members may choose individual or group counseling conducted in person or by telephone.
        i. Individual, group, and telephone counseling is offered at no cost to Members who wish to quit smoking, whether or not those Members opt to use tobacco cessation medications.
    c. Two (2) quit attempts per year are covered without prior authorization and there are no mandatory breaks between quit attempts.
        i. Current Procedure Terminology and ICD codes for tobacco use are available on the Provider Training Material, which can be requested through Providers Services or available online on the Provider Portal.
    d. Members are to be referred to the California Smoker's Helpline (1-800-NO-BUTTS) or other comparable quit-line service. Providers are encouraged to use the Helpline's web referral, or if available in their area, the Helpline's e-referral system.
6. Providers are strongly encouraged to implement the recommendations from the
        i. U.S. Department of Health and Human Services Public Health Services (USPHS) "Clinical Practice Guideline, Treating Tobacco Use and Dependence: 2008 Update."
7. AHP understands that in certain cases, Members do not come in for the physical exams for reasons beyond their PCP's control. PCPs are therefore expected to make reasonable efforts to schedule the examinations for their assigned Members on an episode basis. For Members that they have never seen, PCPs are required to actively outreach to Members when they first enroll to schedule the one hundred twenty (120) days Initial Health Assessment. PCPs are directed to locate USPSTF guidelines online or request a copy directly from AHP for their review. The USPSTF guidelines are accessible at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations
8. Immunizations
    a. All Members must be assessed for and receive, if indicated, immunizations according to State and Federal standards. Immunizations are provided to all Members according to the most recent U.S. Public Health Service's Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule. In instances where the Medi-Cal Provider Manual outlines immunization criteria less restrictive than ACIP criteria, Providers will provide immunizations in accordance with

the less restrictive Medi-Cal Provider Manual criteria.

b. Immunizations are preventive services not subject to prior authorization requirements.

c. Members may access local health departments (LHDs) for immunizations. AHP will reimburse LHDs for the immunization administration fee.

d. AHP requires network Providers to document each Member's need for ACIP- recommended immunizations as part of all regular health visits including, but not limited to, the following encounter types:

   i. Illness, care management, or follow-up appointments

   ii. Initial Health Assessments (IHAs)

   iii. Pharmacy services

      1. Adult Members may receive vaccines through three (3) options, without a Prior Authorization (PA):

         a. Vaccination from a licensed medical Provider;

         b. Vaccination from a pharmacy in the Vaccine Network; and

         c. Vaccination from a Local Health Department.

      2. AHP's contracted Pharmacy Benefit Manager (PBM) accepts vaccine administration claims from participating pharmacies in the National Council for Prescription Drug Programs (NCPDP) approved format.

   iv. Prenatal and postpartum care

   v. Pre-travel visits

   vi. Sports, school, or work physicals

   vii. Visits to a LHD

   viii. Well patient checkups

e. Providers shall document all attempts to provide immunizations.

f. Providers must periodically report Member-specific immunization information to the immunization registry that is part of the Statewide Immunization Information System (e.g. CAIR). Reports must be made after a Member's IHA and after all healthcare visits that result in an immunization. AHP strongly recommends immunizations are reported within fourteen (14) days of administration.

g. If a member refuses an immunization, the provider shall acquire a statement of voluntary refusal to be signed by the member or responsible party. If the member or responsible party will not sign a statement of voluntary refusal, or a signed statement cannot be acquired for any reason, then the provider must document in the member's medical record the reason why the signed statement of voluntary refusal was not completed.

9. Follow-Up Care

   a. Providers are responsible for making arrangements for follow-up care and services based on the findings discovered during the Member's Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA).

   b. In the event that a member fails to comply with the provider's prescribed treatments or regimens, the provider is responsible for identifying potential barriers and developing a plan of action to improve the member's compliance. The provider may utilize any available resources to encourage

member compliance, including but not limited to, the AHP Case Management Department and/or CDCR Health Education Department.

c. AHP contracted providers are permitted to share clinical information amongst provider network components to facilitate the care of members. The sharing of clinical information will be done timely and in accordance with all regulatory safeguards to protect the confidentiality and integrity of member PHI.

Regulatory References

1. Agency for Healthcare Research and Quality. *Guide to Clinical Preventive Services, 2014*. Web. June 2014.
   a. http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html
2. U.S. Preventive Services Task Force (USPSTF). http://www.uspreventiveservicestaskforce.org/BrowseRec/Index
3. U.S. Preventative Services Task Force (USPSTF) A and B Recommendations (as of February 2019). https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations
4. Centers for Disease Control (CDC) Adult Immunization Schedule
   a. https://www.cdc.gov/vaccines/schedules/index.html
5. Department of Health Care Services (DHCS), All Plan Letter (APL) 16-014, Supersedes PL 14-006, Comprehensive Tobacco Prevention and Cessation Services for Medi-Cal Beneficiaries.
6. Department of Health Care Services (DHCS), All Plan Letter (APL) 18-004, Supersedes PL 96-013 and APL 07-015, Immunization Requirements