

# Department of Health Care Services All Plan Letter 20-006 FSR/MRR 2022 Provider Training

A special Thank You to all the participating Managed Care Plans who made this training possible!



# Welcome!

***This training supports the Managed Care Plan's in all counties and is inclusive of all elements in the California Department of Health Care Services All Plan Letter 20-006, which will now supersede PL 14-004 and 03-02, as well as APL 03-007***

*DHCS has updated the FSR and MRR standards and criteria to reflect current guidelines of professional organizations such as United States Preventive Services Task Force (USPSTF), Centers for Disease Control (CDC) and American Academy of Pediatrics (AAP).*

*During this presentation you will hear references to the Staying Healthy Assessment/ SHA which is DHCS's version of the Individual Health Education Behavioral Assessment/IHEBA*

# Agenda

1. Medical Record Criteria
  - ✓ Format
  - ✓ Documentation
  - ✓ Coordination (No change)
  - ✓ Pediatric Preventative
  - ✓ Adult Preventative
  - ✓ OB/CPSP Preventative
2. Resource guides



## Medical Record Review: Format

Please note, the sources and reference links within this document are current at the time the document was created and may be subject to change.

# MRR – Format – Added Criteria

## Person or entity providing medical interpretation is identified

- Member refusal of interpreter services may be documented at least once and be accepted throughout the member's care unless otherwise specified
- All medical record documentation must be in English

# MRR – Format – Added Criteria

- Signed Copy of the Notice of Privacy
  - Usually given and signed during an initial visit





## Medical Record Review : Documentation

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# MRR – Documentation – Added Criteria

## Appropriate Consents are present

- Release of Medical Records
- Informed Consent for Invasive Procedures
- Providers must obtain voluntary written consent prior to examination and treatment, with appropriate regard to the Member's age and following State and Federal laws.
- Consent must also be obtained prior to release of patient information
- Adults, parents/legal guardians of a minor or emancipated minor may sign consent forms for operative and invasive procedures.





# MRR – Documentation – Revised Criteria

## Advance Health Care Directive Information is offered (Adults 18 years of age or older; emancipated minors)

- The Physician Orders for Life-Sustaining Treatment (POLST) form and Five Wishes are acceptable if appropriately completed and signed by necessary parties.
- Advance Health Care Directive Information is reviewed with the member at least every 5 years and as appropriate to the member's circumstance.





## Medical Record Review : Continuity of Care – NO CHANGES to this section

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## Medical Record Review: Pediatric Preventive Criteria

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# MRR Pediatric Preventive – Added/Changed Criteria

- **Number of questions current tool: 19**
- **Number of questions new tool: 34**
- Alcohol/ Misuse: Screening
- Anemia /Nutritional Screening
- Autism Spectrum Disorder Screening
- Blood Lead Testing (Education/anticipatory guidance performed at each health assessment)
- Blood Pressure Screening
- Dental /Oral Health Assessment
- Fluoride Supplementation
- Fluoride Varnish
- Depression Screening (both adolescent and maternal)
- Developmental Disorder Surveillance/Screening
- Drug use/screening
- Dyslipidemia Screening
- Hearing Screening
- Hepatitis C Virus Screening
- HIV Screening
- Psychosocial/Behavioral Assessment
- STI screening on all sexually active adolescents (added Gonorrhea, Syphilis)
- Tobacco Use/Assessment
- Vision Screening

# Pediatric Preventive Criteria

- **Well-child Visit**

- **Alcohol Use Disorder Screening and Behavioral Counseling**

- Per AAP recommendations, alcohol use disorder screening and behavioral counseling should begin at 11 years of age. If the patient is positive for risk factors, provider shall offer and document appropriate follow-up intervention
    - Brief Assessment and Screening
      - When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use is present. Validated assessment tools may be used without first using validated screening tools. The AAP recommended assessment tool is available at: <http://craftt.org>.
    - Brief interventions must include the following
      - Providing feedback to the patient regarding screening and assessment results;
      - Discussing negative consequences that have occurred and the overall severity of the problem;
      - Supporting the patient in making behavioral changes; and
      - Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated

# Pediatric Preventive Criteria

- **Well-child Visit**

## Anemia Screening

- Perform risk assessment or screening at **4, 15, 18, 24, 30 months and 3 years old, then annually**, thereafter.
- Perform serum hemoglobin at **12 months old**.
- Chronic conditions to assess that are associated with anemia:
  - A diet consistently low in iron, vitamin B-12 and folate
  - Heavy Menstruation. See link for signs of heavy menstrual bleeding: <https://www.acog.org/womens-health/faqs/heavy-menstrual-bleeding>
  - Pregnancy
  - Slow, chronic blood loss from an ulcer; Crohn's disease, celiac disease, cancer, kidney failure, diabetes, etc.



# Pediatric Preventive Criteria

- **Well-child Visit**

- **Autism Spectrum Disorder (ASD) Screening**

- Must be performed at **18 months and 24 months** based on AAP periodicity, “Bright Futures”. The Autism Spectrum Disorder screening tools that may be used are:
      - a. Ages and Stages Questionnaires (ASQ)
      - b. Communication and Symbolic Behavior Scales (CSBS)
      - c. Parents' Evaluation of Developmental Status (PEDS)
      - d. Modified Checklist for Autism in Toddlers (MCHAT)
      - e. Screening Tool for Autism in Toddlers and Young Children (STAT)
      - Survey of Well-being of Young Children (SWYC) screening tools (assess three domains of child functioning: developmental domain, emotional/behavioral domain, and family context)

# Pediatric Preventive Criteria

- **Well-child Visit**

  - **Blood Lead Education and Testing**

    - Anticipatory guidance performed at each periodic health assessment, starting at **6 months of age and continuing until 72 months of age.**
    - Complete blood lead testing on all children:
      - At 12 months and 24 months of age;
      - Between 12 months and 24 months of age if no documented evidence of blood lead testing at 12 months or thereafter, and;
      - Between 24 months and 72 months of age if there is no documented evidence of blood lead test taken.





# Pediatric Preventive Criteria

- **Well-child Visit**

- **Blood Lead Education and Testing, REFUSAL**

- If consent is not given, a signed statement of voluntary refusal must be obtained by the parent or guardian and the reason(s) for not performing the blood lead screening test must be documented in the child member's medical record
  - For in-depth guidance, refer to the complete DHCS Standards on Blood Lead Education and Testing.

**TAKE AWAY:**

**IT IS IMPORTANT FOR THE PROVIDER TO OBTAIN WRITTEN REFUSAL OR DOCUMENT REFUSAL IN THE MEMBER'S CHART.**



# Pediatric Preventive Criteria

- **Well-child Visit**

  - **Blood Pressure Screening**

    - Perform blood pressure measurement annually starting at 3 years old.
    - In persons aged three to 18 years, the prevalence of hypertension is 3.6%.
    - Evidence suggests that elevated BP in childhood increases the risk for adult HTN and metabolic syndrome.



# Pediatric Preventive Criteria

## ■ Well-child Visit

### Dental/Oral Health Assessment

- Inspection of the mouth, teeth and gums is performed at **every health assessment visit.**
- Discussion of Dental Home shall be documented
- Documentation of “HEENT” is acceptable.
- Children are referred to a dentist at any age if a dental problem is detected or suspected.
- Beginning at 12 months all children are referred annually to a dentist regardless of whether a dental problem is detected or suspected.



# Pediatric Preventive Criteria

## ■ Well-child Visit

### Fluoride Supplementation

- The AAP and USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.
- Parents or legal guardian should be encouraged to check with local water utility agency if water has fluoride.
- If local water does not contain fluoride, provider may recommend the purchase of fluoridated water or give prescription for fluoride drops or tablets.
- Per AAP, fluoride supplementation for all children ages 6 months until their fifth-year birthday (age range according to the most current AAP periodicity schedule) whose daily exposure to systemic fluoride is deficient.



# Pediatric Preventive Criteria

- **Well-child Visit**

## Fluoride Varnish

- Fluoride varnish is a dental treatment that can help prevent tooth decay, slow it down, or stop it from getting worse by strengthening the tooth enamel (outer coating on teeth).
- AAP recommends that fluoride varnish be applied to the teeth of infants and children starting at tooth eruption until their fifth-year birthdate.
- All children in this category should receive fluoride varnish application at least once every 3-6 months in the primary care or dental office
- Documentation of “seeing a dentist” without specific notation that fluoride varnish was applied at the dentist office does not meet the criterion since not all dentists routinely apply fluoride varnish during routine dental visits.



# Pediatric Preventive Criteria

- Well-child Visit

## Depression Screening

- AAP recommends screening adolescents for major depressive disorder (MDD) annually.
- Adolescent depression screening begins at 12 years of age
- Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

**TABLE 2**

**PHQ-2 Screening Instrument for Depression**

Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

**Scoring:** A score of 3 or more is considered a positive result. The PHQ-9 (Table 3) or a clinical interview should be completed for patients who screen positive.

PHQ = Patient Health Questionnaire.

*Adapted from Patient Health Questionnaire (PHQ) screeners. <http://www.phqscreeners.com>. Accessed February 8, 2018.*

# Pediatric Preventive Criteria

- **Well-Child Visit:**

- Suicide Risk Screening**

- Starting at 12 years old, screen at each well visit using:
      - Ask Suicide-Screening Questions (ASQ), PHQ-9 Modified for Teens (PHQ9A) or other validated screening tools that consist of 3 suicide-related items “thoughts of death,” “wishing you were dead,” and “feeling suicidal” within the past month.
      - Refer patients at risk to behavioral health (psychotherapy, psychodynamic or interpersonal therapy).

# Pediatric Preventive Criteria

- **Well-child Visit**

## Maternal Depression Screening

- Maternal mental health condition” means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.
- Maternal depression screening at 1, 2, 4, and 6-month infant well visits





# Pediatric Preventive Criteria

- **Well-child Visit**

  - **Developmental Disorder Screening**

    - Complete Developmental Disorder Screening for developmental disorders at the **9th, 18th and 30th month visits.**
    - 30-month screening could be done at 24 months.
    - Standardized developmental screening tools are used to identify concerns about a child's development and for children who appear to be at low risk of a developmental disorder.



# Pediatric Preventive Criteria

- **Well-child Visit**


## Developmental Surveillance

- Developmental surveillance is a component of every well care visit.
- Children identified with potential delays require further assessment and/or referral for early intervention.

**FIGURE 1 AAP DEVELOPMENTAL SURVEILLANCE GUIDELINES**

**Components of Developmental Surveillance**

- Eliciting and attending to parents' concerns
- Obtaining a developmental history
- Making accurate observations of the child
- Identifying risk and protective factors
- Maintaining an accurate record of the process and findings



*Adapted from the American Academy of Pediatrics (AAP) Algorithm for Developmental Surveillance and Screening.<sup>3</sup>*

# Pediatric Preventive Criteria

- **Well-child Visit-**

  - **Drug Disorder: Screening and Behavioral Counseling**

  - Per AAP recommendations, drug use assessment with appropriate follow up action should begin at 11 years of age.
  - Unhealthy drug use screening must be done with validated screening tools.

# Pediatric Preventive Criteria

## Well-child Visit

### Dyslipidemia Screening

- Obesity, diabetes, hypertension, family history of heart disease are commonly associated with a combined dyslipidemia.
- Per AAP, **perform a risk assessment at 2, 4, 6, and 8 years old, then annually, thereafter.**
- Order one lipid panel **between 9 and 11, and again at 17 and 21 years old** to identify children with genetic dyslipidemia or lifestyle-related dyslipidemia.

**Table 1. Definition of Dyslipidemias in Children and Adolescents**

Lipid Type	Acceptable	Borderline*	Abnormal*
TC	<170 mg/dL	170-199 mg/dL	≥200 mg/dL
LDL-C	<100 mg/dL	110-129 mg/dL	≥130 mg/dL
HDL-C	>45 mg/dL	40-45 mg/dL	<40 mg/dL
TG (0-9 y)	<75 mg/dL	75-99 mg/dL	≥100 mg/dL
TG (10-19 y)	<90 mg/dL	90-129 mg/dL	≥130 mg/dL

\* 75th percentile, \* 95th percentile.  
HDL-C: high-density lipoprotein cholesterol; LDL-C: low-density lipoprotein cholesterol;  
TC: total cholesterol; TG: triglycerides.  
Source: Reference 2.



# Pediatric Preventive Criteria

- **Well-child Visit:**

  - **Hearing Screening**

- Per AAP audiometric screenings are performed at:

  - Birth to 2 months old, 4, 5, 8 and 10 years old
  - Once between 11-14 years old
  - Once between 15-17 years old
  - Once between 18-21 years old

  - A failed audiometric screening must be followed-up with a repeat screening at least two weeks and no later than 6 weeks after the initial screening.
  - If the second screening also fails, provider must make a referral to a specialist

- At each health visit starting from newborn to age 21 the following non-audiometric questions shall be evaluated:

  - birth/family history,
  - child's history of ear infection
  - and the signs and symptoms of hearing loss in the family



# Pediatric Preventive Criteria

- **Well-child Visit:**

  - **Hepatitis C Screening**

    - Per AAP, all individuals 18 and older should be assessed for risk hepatitis C virus (HCV) infection
    - Per USPSTF and CDC test at least once between the ages of 18 and 79.
    - Persons with increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.

# Pediatric Preventive Criteria



- **Well-Child Visit:**

## HIV Screening

According to the American Academy of Pediatrics (AAP), risk assessment for HIV shall be completed at each well child visit starting at 11 years old

- Per USPSTF, adolescents should be tested for HIV once between the ages of 15 and 18 .
- Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV, offered pre-exposure prophylaxis (PrEP), and reassessed annually.
- The indications for and intervals between subsequent HIV testing are determined by risk level.

# Pediatric Preventive Criteria

- **Well-child Visit:**

- **Psychosocial/Behavioral Assessment**

- Psychosocial/Behavior Assessment should be done at each well-child visit.
    - This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health.
      - See ‘Promoting Optimal Development: Screening for Behavioral and Emotional Problems’
      - ‘Poverty and Child Health in the United States’



# Pediatric Preventive Criteria

- **Well-child Visit:**

  - **Sexually Transmitted Infection Screening**

    - Sexual activity shall be assessed at every well-child visit starting at the age of **11 years old**.
    - If adolescents are identified as sexually active (by report or on the IHEBA (SHA), the clinician shall provide counseling, offer contraceptive care and STI testing.
      - document discussion, intervention, referral, and/or treatment, where applicable.

# Pediatric Preventive Criteria

- **Well-Child Visit:**

- **Sudden Cardiac Arrest and Sudden Cardiac Death Screening**

Starting at 11 years old, screen at each well visit and refer to a pediatric cardiologist or electrophysiologist if positive for any of the following:

- Fainting, passing out, or sudden unexplained seizure(s) without warning, especially during exercise or in response to sudden loud noises, such as doorbells, alarm clocks, and ringing telephones;
- Exercise-related chest pain or shortness of breath;
- Family history of death from heart problems or had an unexpected sudden death before age 50. This would include unexpected drownings, unexplained auto crashes in which the relative was driving, or SIDS; or
- Related to anyone with HCM or hypertrophic obstructive cardiomyopathy, Marfan syndrome, ACM, LQTS, short QT syndrome, BrS, or CPVT or anyone younger than 50 years with a pacemaker or implantable defibrillator.

# Pediatric Preventive Criteria

- **Well-child Visit:**

## **Tobacco Products Use: Screening/Prevention/Cessation Services**

- AAP recommends screening all children **11 years and older** at each well-child visit for tobacco products use.
- If Member answered “Yes” to the smoke/tobacco questions in the IHEBA or at any time the PCP identifies a potential tobacco use problem, then the provider shall document prevention and/or cessation services to potential/active tobacco users.
- Tobacco cessation services must be documented in the Member’s medical record as follows:
  - 1) Initial and annual assessment of tobacco (e-cigarette, vaping products, and/or secondhand smoke) use for each adolescent (11-21 years of age)
  - 2) FDA-approved tobacco cessation medications (for non-pregnant adults of any age)
  - 3) Individual, group and telephone counseling for members of any age who use tobacco products
  - 4) Services for pregnant tobacco users
  - 5) Prevention of tobacco use in children and adolescents (including counseling and pharmacotherapy)



# Pediatric Preventive Criteria

- **Well-child Visit:**

- **Vision Screening (Update)**

- Age-appropriate visual screening occurs at each Well Child Visit.
- A visual acuity screen is recommended for:
  - Members starting at age 3 if cooperative
- Instrument-based screening may be used to assess risk:
  - At ages 12 and 24 months.
  - At well-visits for ages 3 through 5 years.
- Documentation of “PERRLA” is acceptable for children below the age of 3 years.



# Pediatric Preventive Criteria

## ■ Well-child Visit

### Vision Screening, Cont

- For children who cannot distinguish letters, AAP preferred optotypes include:
  - LEA Symbols Chart
  - HOTV Eye Chart
- For children who can distinguish letters, AAP preferred optotypes include:
  - Sloan Letters Distance Chart
  - Snellen Chart
- Wall-mounted eye charts should be height-adjustable and positioned at eye-level
- Critical line to pass screening:
  - 3 years old – 20/50 line
  - 4 years old -- 20/40 line
  - 5 years and older – 20/32 line or 20/30 in Snellen Chart
- Follow AAP recommendations:



## Medical Record Review : Adult Preventive Criteria

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# MRR Adult Preventive- Added/Changed Criteria

■ **Number of questions current tool: 15**

■ **Number of questions new tool: 30**

- Abdominal Aneurysm Screening
- Alcohol Misuse: Screening and Behavioral Counseling
- Depression Screening
- Diabetic Screening and Comprehensive Diabetic Care
- Drug Use Disorder Screening and Behavioral Counseling
- Dyslipidemia Screening (Formerly Lipid Disorder Screening)
- Folic Acid Supplementation
- Hepatitis B Screening
- Hepatitis C Screening
- High Blood Pressure Screening
- HIV Screening
- Intimate Partner Violence Screening
- Lung Cancer Screening
- Obesity Screening and Counseling
- Osteoporosis Screening
- Sexually Transmitted Infection (STI) Screening (Expanded to include 5 STI's)
- Skin Cancer Behavioral Counseling
- Tobacco Use: Screening, Counseling and Intervention
- Immunizations (Expanded)

Note\*\* Comprehensive H&P has expanded



# Adult Preventive Criteria

## Comprehensive History and Physical

- Documentation of review of organ systems to include dental assessment.
- A review of the organ systems that include documentation of “inspection of the mouth” or “seeing dentist” meets the criteria for dental assessment during a comprehensive history and physical.

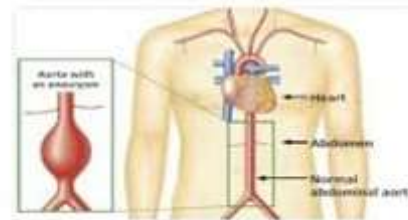




# Adult Preventive Criteria

- Abdominal Aneurysm Screening **MALE MEMBERS ONLY**
- USPSTF recommends performing a one-time screening as early as possible to diagnose and treat a problem as soon as a Member enters the high-risk age group of:
- Men ages 65 to 75 years who have ever smoked more than 100 cigarettes in a lifetime
- Ultrasonography

Have you been invited in for your AAA Screening?



# Adult Preventive Criteria

## Alcohol Use Disorder Screening

- If PCP identifies a potential alcohol misuse problem, i.e., the Member answered “yes” to the alcohol question in the IHEBA, or anywhere else in a Member’s medical record, the provider shall:
  - Complete at least one expanded screening, using a validated screening tool, every year and additional screenings can be provided in a calendar year if medical necessity is documented by the member’s provider
  - An acceptable screening tools:
    - “Alcohol Use Disorder Identification Test (AUDIT)” or “Alcohol Use Disorder Identification Test-Consumption (AUDIT-C)”

# Adult Preventive Criteria

## Alcohol Use Disorder and Behavioral Counseling

- Offer behavioral counseling intervention(s) to those members that a provider identifies as having risky or hazardous alcohol use, when a member's response is affirmative to the alcohol question in the IHEBA, or on the expanded screening tools that indicate hazardous use, or when otherwise identified.
- Behavioral counseling intervention(s) typically include one to three sessions, 15 minutes in duration per session, offered in-person, by telephone, or by telehealth modalities.



# Adult Preventive Criteria

## Cervical Cancer Screening

- Screening for cervical cancer in women
  - age 21 to 65 years with cytology (Pap smear) every 3 years
  - or age 30 to 65 years
    - Every 5 years with Pap and high-risk HPV co-testing
    - Every 5 years with HPV testing alone
    - Every 3 years with a Pap Test alone
  - Follow-up of abnormal test results is documented.
- Routine Pap testing may not be required for the following:
  - women who have undergone hysterectomy in which the cervix is removed (total Hysterectomy), unless the hysterectomy was performed because of invasive cancer
  - women 66 years and older who have had regular previous screening in which the smears have been consistently normal.

# Adult Preventive Criteria

## Colorectal Cancer Screening

- All adults are screened for colorectal cancer beginning at age 45 and concluding at age 75 to include:
  - High sensitivity gFOBT or FIT every year
  - sDNA-FIT every 1 to 3 years
  - CT colonography every 5 years
  - Flexible sigmoidoscopy every 5 years
  - Flexible sigmoidoscopy every 10 years + FIT every year
  - Colonoscopy screening every 10 years
- The decision to screen for colorectal cancer in adults **aged 76 to 85** should be an individual one, taking into account the Member's overall health and prior screening history.



# Adult Preventive Criteria

## Depression Screening

- Must be performed at each Well visit.
- Per USPSTF, screen for:
  - general adult population
  - pregnant and postpartum women.
- Adequate systems in place to ensure:
  - accurate diagnosis
  - effective treatment
  - appropriate follow-up
- Recommended screening:
  - Patient Health Questionnaire (PHQ) in various forms
  - Hospital Anxiety and Depression Scales in adults, Geriatric Depression Scale in older adults
  - Edinburgh Postnatal Depression Scale (EPDS) pregnant and postpartum women
- IHEBA forms when used solely for depression screening **do not** have psychometric properties and may not be reliable screening tools for depression.



# Drug Use Disorder Screening and Behavioral Counseling

- Document drug use history, complete and review the Staying Healthy Assessment form

- If a problem is identified document counseling and interventions offered:

- Referral to county program

- Complete CRAFFT ( Car, Relax, Alone, Forger, Friends, Trouble)

- NIDA-modified Alcohol, Smoking, and Substance Involvement Screening Test (NM-ASSIST)

- Complete at least one expanded screening annually

- Behavioral counseling intervention offered

# Adult Preventive Criteria

## Diabetic Screening and Comprehensive Care

- For adults 35 to 70 who are overweight or obese
- Glucose abnormalities can be detected:
  - measuring HbA1c
  - fasting plasma glucose
  - oral glucose tolerance test
- Include documentation at each Physical Exam in medical record for:
  - Risk assessment performed
  - Referrals/tests ordered
  - Counseling
  - Interventions implemented
  - Member refusal
- Refer Members with abnormal blood glucose to intensive behavioral counseling interventions, to promote a healthy diet and physical activity.
- Consultation reports and diagnostic test results are documented for ordered requests, with evidence of practitioner review



# Adult Preventive Criteria

## Diabetic Screening and Intervention

- For adults 35 to 70 who are overweight or obese
- Glucose abnormalities can be detected:
  - measuring HbA1c
  - fasting plasma glucose
  - oral glucose tolerance test



- Diagnosis of IFG, IGT, or type 2 diabetes should be confirmed; repeated testing with the same test on a different day is the preferred method of confirmation.
- Refer Members with abnormal blood glucose to intensive behavioral counseling interventions, to promote a healthy diet and physical activity.

# Adult Preventive Criteria

## Dyslipidemia Screening

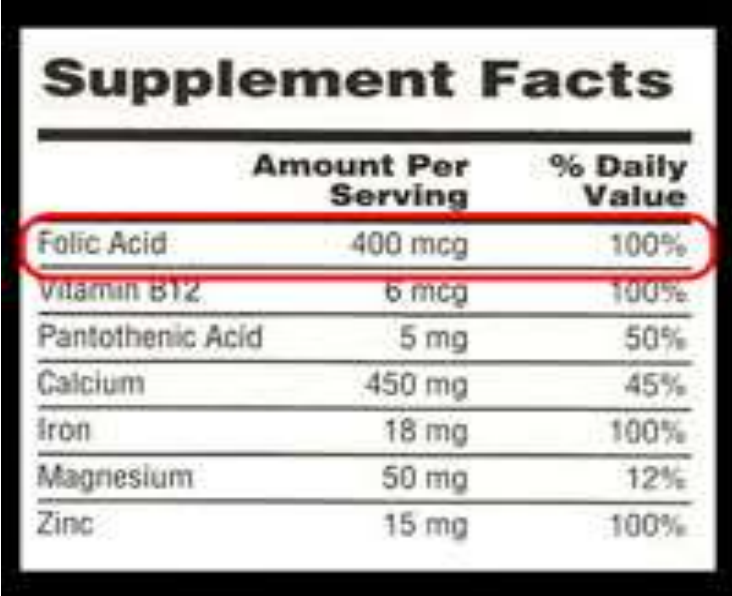
- USPSTF recommends that adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) to use a low- to moderate-dose statin for the prevention of CVD events
- Screen universal lipids at every well visit for those with increased risk of heart disease and at least every 6 years for healthy adults.
  - Adults ages 40 to 75 years
  - Members with dyslipidemia, diabetes, hypertension, or who smoke
  - Calculation of 10-year CVD event risk of 10% or greater



# Adult Preventive Criteria

## Folic Acid Supplementation

- USPSTF recommends that all women who are planning or capable of pregnancy (12 to 49 years old) take a daily supplement containing 0.4 to 0.8mg (400 to 800 mcg) of folic acid (to prevent neural tube defects in the event of pregnancy).
  - Folic acid prescriptions of 0.4 to 0.8mg are a covered Medi-Cal benefit per the State formulary.
- Documentation of folic acid counseling and/or Member refusal of folic acid supplementation meet the criterion.



The image shows a 'Supplement Facts' label with a table of nutrients. The 'Folic Acid' row is circled in red. The table lists the following nutrients and their values:

	Amount Per Serving	% Daily Value
Folic Acid	400 mcg	100%
Vitamin B12	6 mcg	100%
Pantothenic Acid	5 mg	50%
Calcium	450 mg	45%
Iron	18 mg	100%
Magnesium	50 mg	12%
Zinc	15 mg	100%

# Adult Preventive Criteria

## Hepatitis B Virus Screening

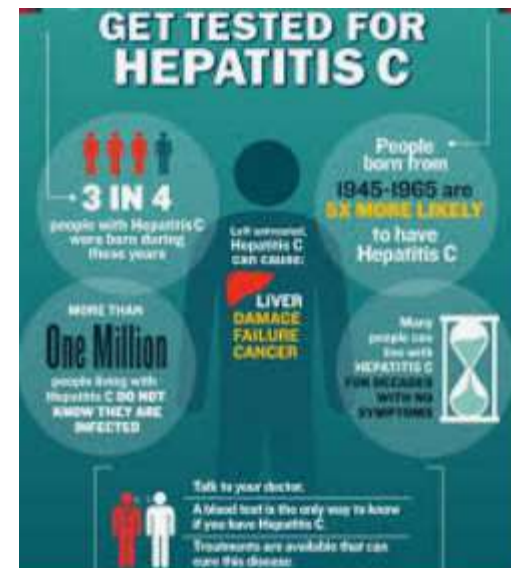
- Screening should include testing to three HBV screening Seromarkers
  - (HBsAg, antibody to HBsAg [anti-HBs], and antibody to hepatitis B core antigen [anti-HBc])
  - Persons will be classified into the appropriate hepatitis B category and properly recommended to receive vaccination, counseling, and linkage to care and treatment
- Important risk groups for HBV infection with a prevalence of  $\geq 2\%$  that should be screened include:
  - Persons born in countries and regions with a high prevalence of HBV infection ( $\geq 2\%$ ), such as sub-Saharan Africa and Central and Southeast Asia (Egypt, Algeria, Morocco, Libya, Afghanistan, Vietnam, Cambodia, Thailand, Philippines, Malaysia, Indonesia, Singapore, etc.)
  - U.S.-born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection ( $\geq 8\%$ )
  - HIV-positive persons
  - Injection drug users
  - Men who have sex with men
  - Household contacts or sexual partners of persons with HBV infection



# Adult Preventive Criteria

## Hepatitis C Virus Screening

- Screen individuals for risk factors and TEST FOR HCV if one of the following risk factors is identified per CDC:
  - All Adults ages 18 to 79 years should be tested once
  - Currently, or had history of ever injecting drugs
  - Medical Conditions: Long term hemodialysis, persons who received clotting factor concentrates produced before 1987; HIV infection; Persistent abnormal alanine aminotransferase levels (ALT)
  - Prior recipients of transfusions or organ transplant before July 1992 or donor who later tested positive for HCV infection



# Adult Preventive Criteria

## HIV Screening

- USPSTF recommends risk assessment be completed at each well visit for adult members 65 years old and younger.
- Those at high risk (regardless of age) shall be tested for HIV and offered pre-exposure prophylaxis (PrEP)
  - Having intercourse without a condom and or with more than one sexual partner whose HIV status is unknown
  - IV drug users
  - MSM



# Adult Preventive Criteria

## Intimate Partner Violence: Women of Reproductive Ages 12 to 49 Years According to USPSTF and the WHO

- Per the USPSTF, clinicians shall screen for intimate partner violence (regardless of sexual activity) and provide or refer those who screen positive to ongoing support services.
- Applies to asymptomatic women of reproductive age
- The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse.

## Intimate Partner Violence screening tools are:

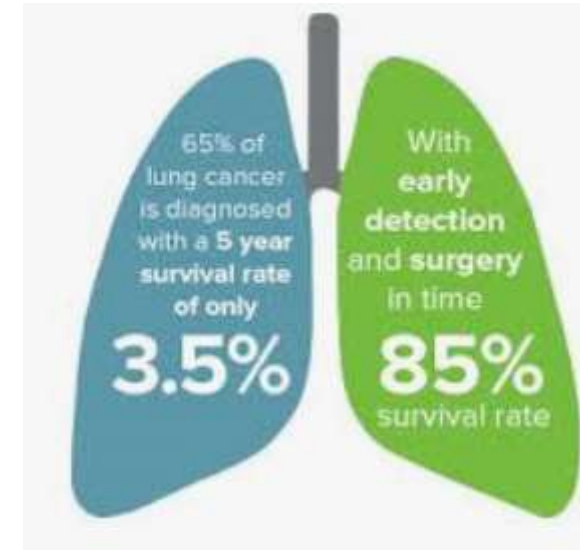
- Humiliation, Afraid, Rape, Kick (HARK)
- Hurt, Insult, Threaten, Scream (HITS)
- Extended–Hurt, Insult, Threaten (E-HITS)
- Partner Violence Screen (PVS)
- Woman Abuse Screening Tool (WAST)



# Adult Preventive Criteria

## Lung Cancer Screening

- Per the USPSTF assess all individuals during well adult visits for past and current tobacco use for lung cancer
- Adult's aged 50 to 80
  - have a one pack/day for 20 years smoking history
  - currently smoke or have quit within the past 15 years
- low-dose computed tomography (CT scan)
- Screening should be discontinued once a person
  - has not smoked for 15 years
  - develops a health problem that substantially limits life expectancy
  - ability or willingness to have curative lung surgery





# Adult Preventive Criteria

## Obesity Screening and Counseling

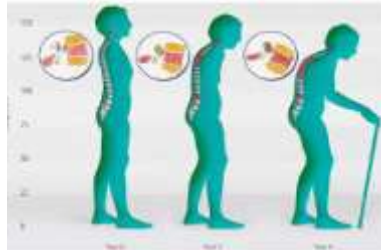
- The USPSTF recommends that clinicians screen all adult Members for obesity (as defined by BMI  $\geq 30$  kg/m<sup>2</sup>) at each well visit
- Documentation shall include weight and body mass index (BMI)
- Offer intensive counseling & behavioral interventions to promote sustained weight loss (typically 3-5 kg for 1 year or more) through diet, exercise, or both



# Adult Preventive Criteria

## Osteoporosis Screening

- The USPSTF recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures
- Women 65 and older & postmenopausal women younger than 65 who are at increased risk of osteoporosis:
  - Determined by a formal clinical risk assessment tool
  - Risk factors include parental history of hip fracture, smoking, excessive alcohol consumption, and low body weight
  - Bone density testing for high-risk women and women 65 and older



# Adult Preventive Criteria

## Sexually Transmitted Infection (STI) Screening

Screen all adults for risk of STI at each well visit and test the following at-risk populations:

- Gonorrhea and Chlamydia
  - Sexually active women under 25 years old
  - Older women who have new or multiple sex partners
  - MSM regardless of condom use shall be tested at least annually
  - Persons with HIV shall be tested at least annually
- Syphilis
  - MSM regardless of condom use shall be tested at least annually
  - Persons with HIV shall be tested at least annually

# Adult Preventive Criteria

## Sexually Transmitted Infection (STI) Screening

- *Trichomonas* –
  - Sexually active women seeking care for vaginal discharge
  - Women who are IV drug users
  - Exchanging sex for payment
  - HIV+, have Hx of STD, etc.
- *Herpes*
  - Men and women requesting STI evaluation who have multiple sex partners,
  - -HIV + individuals, and
  - -MSM with undiagnosed genital tract infection.”

Screen all Adult members for risk factors at each well visit until age 65, but continue after age 65 if risk is identified



# Adult Preventive Criteria

## Sexually Transmitted Infections Counseling

- Intensive behavioral counseling should be offered to adults who are at increased risk for sexually transmitted infections.



# Adult Preventive Criteria

- Skin Cancer Behavioral Counseling
  - The USPSTF recommends counseling **young adults**, about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years to reduce their risk of skin cancer.



# Adult Preventive Criteria

## Tobacco Use Counseling and Interventions

- Screen all individuals during well adult visits and document prevention and/or counseling services to potential/active tobacco users
- If the PCP identifies tobacco use (i.e., Member answered “Yes” on IHEBA). Tobacco cessation services must be documented in the Members medical record as follows:
  - FDA-approved tobacco cessation medications (for non-pregnant adults of any age)
  - Individual, group and telephone counseling for members of any age who use tobacco products
  - Services for pregnant tobacco users

# Adult Preventive Criteria

## ■ Adult Immunizations

- Status is assessed at periodic health evaluations
- Practitioners are required to ensure the provision of immunizations according to CDC's most recent Advisory Committee on Immunization Practices (ACIP) guidelines, *unless medically contraindicated or refused by the member*
- Vaccination status must be assessed for the following:
  - Td/Tdap (every 10 years)
  - Flu (annually)
  - Pneumococcal (starting at age 65 or younger if at risk)

### **NEW**

- Zoster (starting at age 50)
- Varicella
- MMR







# Improving Quality of Care



