2018 Adolescent Preventive Health Care Guidelines

OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based recommendations for Adolescent Preventive Health including screenings, immunizations and examinations. These best practice recommendations detail services that are considered medically necessary by WellCare for the prevention of certain diseases and medical conditions among this population. WellCare strongly recommends that all members receive the necessary preventive services, leading to improved healthcare quality and outcomes.

OVERVIEW

The Centers for Disease Control and Prevention (CDC) report indicates that millions of infants, children, and adolescents in the United States did not receive clinical preventive services. If these services were increased, the health of infants, children, and adolescents could improve as well as increase healthy lifestyles that will enable them to achieve their full potential.[1] Preventive health service can help detect disease earlier to allow optimal treatment and live longer. Providers and those working with Members should emphasize counseling on such topics such as quitting smoking, losing weight, eating better, treating depression, and reducing alcohol use. In addition, Providers should discuss the following with Members: routine vaccinations to prevent diseases, available screenings, and prenatal care for Members who are pregnant.

In an effort to improve the health of Americans, the United States Preventive Services Task Force (USPSTF) focuses on evidence-based recommendations on clinical preventive services (e.g., screenings, counseling services, and preventive medications). Recommendations are published on the USPSTF's web site and/or in peer-reviewed journals. The USPTSF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. Recommendations are assigned a grade (A, B, C, or D grade or I) based on the strength of the evidence and the balance of benefits and harms of a preventive service. The Agency for Healthcare Research and Quality (AHRQ) was authorized by the United States Congress in 1998 to organize the USPSTF in an effort to provide ongoing scientific, administrative, and dissemination support to the Task Force. An annual report is presented to Congress that identifies critical evidence gaps in research related to clinical preventive services and recommends priority areas that deserve further examination. WellCare is committed to providing the most current information to its Members and Providers. This CPG focuses on medical-behavioral integration to ensure Members receive the best preventive care driven by the efforts of the USPSTF and AHRQ as well as other related national organizations.[2]

The purpose of preventive services is to reduce serious morbidity and premature mortality both during adolescence and in later years. The commonality of these sources is that most adolescent morbidity and mortality is related to personal behavior and, as such, is preventable. The following are the leading causes of adolescent morbidity and mortality:[2]

- Unintentional injuries (e.g., automobile crashes)
- Intentional injuries (e.g., homicide, suicide)
- Reproductive health issues (e.g., unintended pregnancy, sexually transmitted infections)
- Alcohol and drug use
- Obesity (which can lead to type 2 diabetes mellitus)
- Tobacco use and nicotine addiction

Providers are challenged to integrate preventive services into routine medical care by using clinic visits for routine examinations (e.g., pre-participation athletic evaluations, chronic disease management) to provide a range of

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preventive services. Such encounters offer an opportunity for early identification of risk behavior and disease, as well as to update immunizations, and offer health guidance. Additional highlights of preventive services include:[2,3]

- Adolescent morbidity and mortality is closely related to personal behavior which is preventable. Providers play an important role in early identification of risk (screening), counseling to reduce risk and provide general health guidance (anticipatory guidance), and provision of immunizations.
- Adolescents should be screened for hypertension; obesity and eating disorders; dyslipidemia; tuberculosis (if at risk); physical, sexual, and emotional abuse; learning or school problems; substance use; depression and suicide; sexual behavior that may result in unintended pregnancy and sexually transmitted diseases; sexually transmitted diseases, including human immunodeficiency virus (HIV) infection; and cervical cancer (as indicated). See *Recommended Screenings* and *Recommended Assessments* below.
- Additional topics to counsel the member and their family about are healthy eating habits, reduction of injuries, regular exercise, responsible sexual behaviors, avoidance of sharing personal information and pictures on the internet, and avoidance of tobacco, alcohol, and other substances that can be abused.
- Parental involvement and attitudes affect adolescent behavior and health outcomes are crucial; see *Other Considerations* for information on anticipatory guidance with parents/guardians.
- Immunizations should be reviewed and updated as necessary; see *Recommended Immunizations* below.

WellCare is committed to ensuring that Members have access to preventive health screenings. America's Health Insurance Plans (AHIP) launched a searchable Preventive Services Dashboard (here). The goal of the dashboard is to allow Providers and Members to have a central location to access preventive health guidelines. Organizations that are included are: United States Preventive Service Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP) Bright Futures Guidelines, and Health Resources and Services Administration (HRSA) Women's Clinical Preventive Guidelines. The database is categorized by target patient gender, target patient age range, and recommended frequency. The database will be updated twice a year. Guidelines are available from USPSTF and HRSA; guidelines from Bright Futures and ACIP are forthcoming.[4]

Hierarchy of Support

GUIDELINE HIERARCHY

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the USPSTF and the organizations listed below. When there are differing opinions noted by national organizations, WellCare will default to the member's benefit structure as deemed by state contracts and Medicaid / Medicare regulations. If there is no specific language pertaining to the adolescent preventive health, WellCare will default (in order) to the following:

- National Committee for Quality Assurance (NCQA);
- United States Preventive Services Task Force (USPSTF), National Quality Strategy (NQS), Agency for Healthcare Research and Quality (AHRQ);
- Specialty associations, colleges, societies, etc. (e.g., American Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Cancer Society, etc.).

Links to websites within the CPGs are provided for the convenience of Providers. Listings do not imply endorsement by WellCare of the information contained on these websites. NOTE: All links are current and accessible at the time of MPC approval.

WellCare aligns with the USPSTF and the condition-specific organizations below on the topic of adolescent preventive health. Highlights from their recommendations are included below – also see *Recommended Screenings, Immunizations, and Assessments.*

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF)
AMERICAN ACADEMY OF PEDIATRICS (AAP) & BRIGHT FUTURES
AMERICAN ASSOCIATION OF FAMILY PRACTICE (AAFP)
AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY (AACAP)

For published recommendations by the AAP, Bright Futures, AAFP, and the AACAP, see *Recommended Screenings, Immunizations, and Assessments.*

Evidence Based Practice

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

The Agency for Healthcare Research and Quality (AHRQ) works in partnership with the United States Preventive Services Task Force (USPSTF) on reviews. Items from the USPSTF and other noted organizations reviewed by the AHRQ are included below.

MEASUREMENT OF COMPLIANCE

WellCare is committed to adhering to the measures and standards published by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Please reference WellCare's Clinical Policy Guiding Document titled *Quality Improvement.*

NOTE: To access Clinical Policy Guiding Documents visit www.wellcare.com – select the Provider tab, then "Tools" and "Clinical Guidelines".

MARKET SPECIFIC INFORMATION

Illinois

A complete health history and physical examination is provided to each member initially within the first twelve (12) months of enrollment. Thereafter, Members between ages twenty-one (21) and sixty-four (64) should have a complete health history and physical examination every 1-3 years. For Members aged sixty-five (65) and older, a complete health history and physical examination is conducted annually. With each health history and physical examination, screening, counseling and immunization should be provided in accordance with national medical organizations' guidelines. This should include the following:

- Height and weight measurement for Body Mass Index (BMI);
- Blood pressure;
- Nutrition and physical activity assessment and counseling;
- Alcohol, tobacco, substance abuse, intimate partner violence, and depression screening and counseling;
- Health promotion and anticipatory guidance;
- Any known condition or condition discovered during the complete health history and physical examination requiring further Medically Necessary diagnostic study or treatment must be provided if within the scope of Covered Services.

WellCare will provide the following immunizations by age and interval for both male and female Enrollees, unless contraindicated (42 CFR 438.208(b)):

- *Influenza* – one(1) dose annually
- *Tetanus/ Diphtheria (Tdap/Td)* – one Ttdap and one td booster every ten (10) years
- *Human Papilloma Virus (HPV)* - one (1) three dose series up through age 26
- *Hepatitis A and B* – combined Hepatitis A and Hepatitis B one (1) three dose series or Hepatitis A one (1) two dose series or Hepatitis B one (1) three dose series provided at any age for any Member requesting protection

New Jersey

Dental services for children enrolled with NJ FamilyCare are noted below:[5]

Dental Service by Dental Professional	0-1 yr	2-6 yrs	7-20 yrs
A. 1. Oral Evaluation (Exam) 2. Caries / Cavities Risk Assessment	Yes Yes	Yes Yes	Yes Yes
B. Fluoride Supplements	Yes	Yes	Yes
C. Fluoride Varnish	Yes	Yes	Yes
D. Prophylaxis with Fluoride		Yes	Yes
E. Sealants (permanent teeth to age 16 yrs)		Yes	Yes
F. Radiographs / x-rays (non-emergency)	Yes	Yes	Yes
G. Dental Treatment	Yes	Yes	Yes

Care Management

The goal for Care Management is to support the member's ability to self-manage Preventive Health Care and remove barriers preventing the member from achieving this goal. Primary Preventive Health Care to educate member/caregiver on include: Provide education regarding appropriate screenings and immunizations for member age, gender and health condition. Assist with transportation and address any other barriers preventing member from receiving recommended Adolescent Preventive Health Care.

MEASURABLE HEALTH OUTCOMES

Targeted Health Outcomes (Extended Program Goals) result from successful member self-management (see Case Management Objectives).

- Member will have age/gender/condition appropriate Adolescent Preventive Health Care as evidenced by claims for immunizations, screenings. CM may use Provider and/or Member narrative and/or HRA data may be used.

CASE MANAGEMENT GOALS

Case Goals should target specific care gaps and/or adherence issues, and measure the member's progress towards self-management and adherence which will lead to the targeted health outcomes above. Examples:

1. The Member's claims demonstrate adherence to Preventive Health Care immunizations, screenings, and education (verified by claims or member/provider narrative) over last 360 days.
2. Specific for Members requiring hospitalization: The Member participates in provider follow-up visit within 7 days of hospital discharge.

CASE MANAGEMENT OBJECTIVES

Case Management Objectives should focus on improving the member's self-management skills including:

- Adhering to provider visit(s) as scheduled
- Educate member/caregiver on age/gender/condition specific Adolescent Preventive Health Care screenings & immunizations
- Assist member/caregiver with transportation and making appointments for screenings and immunizations as needed
- Assist member/caregiver with addressing barriers to receiving Adolescent Preventive Care screenings and immunizations
- Utilize approved screening tools to identify risk factors

The care team should also conduct risk screening and treat anxiety and depression, if applicable.

MEDICAL AND BEHAVIORAL INTEGRATION

PCPs provide about 70% of all mental health treatment in the USA. Integrating behavioral health services in primary care can get help patients live fuller lives and improve performance in school. PCPs should screen patients for mental health conditions and substance abuse as applicable in an effort to provide care to patients with mild to moderate behavioral health concerns. In addition, PCPs can refer out to mental health professionals for severe or complex cases while collaborating with the professional and sharing clinical information such as medications. Behavioral counseling to all patients regarding exercise, diet and stress management should also be given. PCPs should also address overall mental well-being and explain the links between mental well-being and physical well-being. The quality of the patient's support system should also be addressed. Many providers are now adding behavioral health professionals to their staff as patients are more likely to attend follow up appointments as the stigma of seeing a behavioral health professional is removed and quality of care outcomes improve. High-risk populations can be addressed by incorporating behavioral health screenings into well-child checkups, including screening all pregnant and perinatal females for depression and substance abuse and providing guidance and coaching to parents as part of pediatric care to ensure children's social and emotional needs are being met. If behavioral health professionals cannot be located in the same office then easy consultation with a behavioral health professional should be available.[6]

Anticipatory Guidance for Adolescents. Providers can help teens have a better understanding of their physical growth, psychosocial and psychosexual development, and the importance of becoming actively involved in decisions regarding their health care. Counseling should also be offered regarding healthy habits and risk reduction in the following areas:[7]

- Healthy dietary habits (e.g., healthy diet and safe weight management)
- Reduction of injuries through use of use of bicycle and motorcycle helmets and car seatbelts
- Regular exercise
- Optimal sleep duration (8 to 10 hours per day) and healthy sleep habits
- Responsible sexual behaviors, including abstinence
- Avoidance of tobacco, alcohol, other abusable substances, and anabolic steroids
- Avoiding online behaviors that can have negative consequences, such as "sexting" and sharing of personal information and pictures with strangers
- Strategies to deal with bullying

Anticipatory Guidance for Parents. Health guidance for parents includes advice to assist them in making appropriate parental decisions and in adapting their parenting practices to meet the changing needs of their adolescent children. Parents should receive health guidance at least once during their child's early, middle, and late adolescence. Such involvement and attitudes affect adolescent behavior and health outcome. Topics to discuss with parents include:

- Monitoring teen's use of online social media with attention directed at helping parents understand the hazards associated with sharing personal information with strangers.
- The importance of taking comments or indications of bullying seriously. If bullying is suspected, parents should discuss with school personnel the nature of the problem and interventions that will be taken.

Communicating With Adolescents. Important considerations when treating adolescent members include:[8]

- *Address sensitive issues* such as drugs and alcohol as well as sexual and/or behavioral health concerns. While questions about sexual activity, use of birth control, safe sex practices, and sexual orientation may seem intrusive, this is information that most teens will not volunteer. Opening up discussion about such topics openly signals to the adolescent that it is safe to discuss these issues.
- *Ask non-threatening open-ended questions or use general statements*. For example, phrasing a question with a statement such as, "Many teenagers feel pressure from their friends to use drugs or alcohol. Have you experienced this?"
- *Look for hidden agendas.* Providers should be aware that the primary reason for a visit may not be obvious at first. A female member may disguise pregnancy concerns as complaints of nausea and fatigue may not volunteer that her period is 4 weeks late.
- *Assess for emotional conditions.* Providers should look for signs of depression, anxiety, suicidal thoughts, eating disorders, and problems with peer groups or with family. A basic evaluation includes inquiring about how the adolescent is functioning at home, about school performance, and about peer relationships. Many behavioral health disorders begin in adolescence and have life-long consequences. Early intervention may alleviate future difficulties.
- *Offer additional resources.* This may include community resources and referrals to ensure continuity of care.

Providers can assist parents and guardians of adolescents as well with the following suggestions:[8]

- *Encourage parents to consider the child's need for increased responsibility for decision-making.* Opportunities should be provided for teens to make decisions with the support and guidance of their parent or guardian.
- *Set clear expectations for behavior, be consistent with discipline, and limit "power struggles."* Parents need to understand the difference between setting limits and "power struggles." Setting limits refers to rules pertaining to behavior and the consequences that follow when the limits are disregarded. A power struggle concerns authority rather than the issue. A power struggle usually results in one of the parties (usually the teen) losing face, which can lead to resentment and bitterness. Setting limits would consist of a discussion with the teen about what the definition of a "clean" room is, at what time the room is expected to be clean, and the consequences if the room is not clean. A statement that characterizes a "power struggle" would be, "in this house we keep our room clean."
- *Offer additional resources.* This may include community resources and referrals to ensure continuity of care.

MEMBER EDUCATIONAL RESOURCES

Currently there are no Krames/StayWell Member educational materials utilized by WellCare Case Managers.

Summary of Recommended Screenings, Immunizations, and Assessments

The following chart includes a summary of items that Providers should conduct with adolescent members. For additional information refer to the sections immediately following the summary table:

	Screening / Immunization / Assessment	Source(s)
Alcohol, Drug, and Tobacco Use	• Tobacco, Alcohol, and Drug Use Assessment • Tobacco Use in Children and Adolescents: Primary Care Interventions • Electronic Cigarettes	Bright Futures[3] USPSTF[9] AACAP[10]
Anemia	• As applicable.	Bright Futures[3]
Behavioral Health	• Depression in Children and Adolescents: Screening • Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening • Depression Screening • Psychosocial / Behavioral Assessment • ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2011)[19] • Autism and Vaccines	USPSTF[9] Bright Futures[3] AAP[11] AACAP[12]
Bullying	• Prevention of Bullying Related Morbidity and Mortality • Strategies to deal with bullying and including stressing the importance to parents of taking comments or indications of bullying seriously. If bullying is suspected, parents should discuss with school personnel.	AACAP[13] Elster[7]
Cancer	• Skin Cancer: Counseling	USPSTF[9]
Developmental Surveillance	• As applicable.	Bright Futures[3]
Diabetes	• Management of Newly Diagnosed Type 2 Diabetes Mellitus (T2DM) in Children and Adolescents	AAP[14]
Dyslipidemia	• As applicable.	Bright Futures[3]
Eating and Exercise Habits	• Healthy dietary habits (e.g., healthy diet and safe weight management) • Regular Exercise	Elster[7]
Fluoride Supplementation	• Through age 16 when primary water source is fluoride deficient.	Bright Futures[3]
Gun Violence and Safety	• Children and Guns	AACAP[15]
Hearing Testing	• As applicable.	Bright Futures[3]
HIV	• Human Immunodeficiency Virus (HIV) Infection: Screening	USPSTF[9]

Immunizations	• Every visit should be an opportunity to update and complete a child's immunizations. The following are recommended for adolescents: ○ Hepatitis A vaccine ○ Hepatitis B vaccine ○ Measles, mumps, and rubella vaccine ○ Varicella vaccine ○ A booster dose of tetanus if ≥ 5 years have elapsed since last dose; booster should include the acellular pertussis vaccine (if not acellular pertussis-containing vaccine not previously administered) ○ Meningococcal vaccine ○ Human papillomavirus vaccine ○ Annual influenza vaccine ○ Pneumococcal vaccine, for those at high risk for infection	ACIP[16,17,18]
Obesity	• Obesity in Children and Adolescents: Screening	USPSTF[9]
Pregnancy Prevention	• Adolescent Pregnancy Prevention	AACAP[19]
Prenatal Care	• Tdap vaccination at 27-36 weeks of *each* pregnancy • Aspirin Use (81 mg / day) to prevent complications from preeclampsia • Breastfeeding • Folic Acid (0.4-0.8 mg [400 to 800 µg]) to prevent Neural Tube Defects (NTD)	Elster[7]
Sexual Health	• Chlamydia and Gonorrhea: Screening • Hepatitis B Virus Infection: Screening • Sexually Transmitted Infections: Behavioral Counseling • Syphilis Infection in Nonpregnant Adults and Adolescents: Screening • Syphilis Infection in Pregnancy: Screening • Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases* (available here).	USPSTF[9] Bright Futures[3]
Social Media	• Avoiding online behaviors that can have negative consequences, (e.g., sharing personal information and pictures with strangers). Encouraging parents to monitor child's use of online social media.	Elster[7]
Tuberculosis	• As applicable.	Bright Futures[3]
Unexplained Events	• Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants • Reduction of injuries (use of helmets and car seatbelts)	AAP[20] Elster[7]
Vision Testing	• As applicable.	Bright Futures[3]

NOTE: In Illinois, a routine pelvic exam is not required for Enrollees less than 21 years of age unless there is a clinical indication. A pelvic examination is an appropriate component of a comprehensive evaluation of any patient who reports or exhibits symptoms suggestive of female genital tract, pelvic, urologic, or rectal problems.

Recommended Prevention Education

Providers play an important role in helping teens have a better understanding of their physical growth, psychosocial and psychosexual development, and the importance of becoming actively involved in decisions regarding their health care.

In addition, it is important to involve parents to assist in their decision making and understanding the changing needs of their child. Parents should receive guidance at least once during the early, middle, and late adolescence stages of their child's life – ultimately it can positively impact adolescent behavior and health outcomes. The following topics are recommended for discussion with members:[7]

- Healthy dietary habits (e.g., healthy diet and safe weight management)
- Reduction of injuries through use of use of bicycle and motorcycle helmets and car seatbelts
- Regular Exercise
- Optimal sleep duration (8 to 10 hours per day) and healthy sleep habits
- Avoidance of tobacco, alcohol, other abusable substances, and anabolic steroids that could become addictive
- Responsible sexual behaviors, including abstinence
- Avoiding online behaviors that can have negative consequences, (e.g., sharing personal information and pictures with strangers). Encouraging parents to monitor child's use of online social media.
- Strategies to deal with bullying. Providers should stress the importance to parents to take comments or indications of bullying seriously. If bullying is suspected, parents should discuss with school personnel the nature of the problem and interventions that will be taken.

The following topics should be discussed with adolescent-aged Members who are pregnant:[7]

- Tdap vaccination at 27-36 weeks of *each* pregnancy
- Aspirin Use to Prevent Morbidity and Mortality from Preeclampsia – 81 mg per day is used as a preventive medication for those at high risk for preeclampsia.
- Breastfeeding
- Folic Acid – recommended dosage is 0.4-0.8 mg (400 to 800 µg) to prevent giving birth to a child with Neural Tube Defects (NTD).

Recommended Immunizations

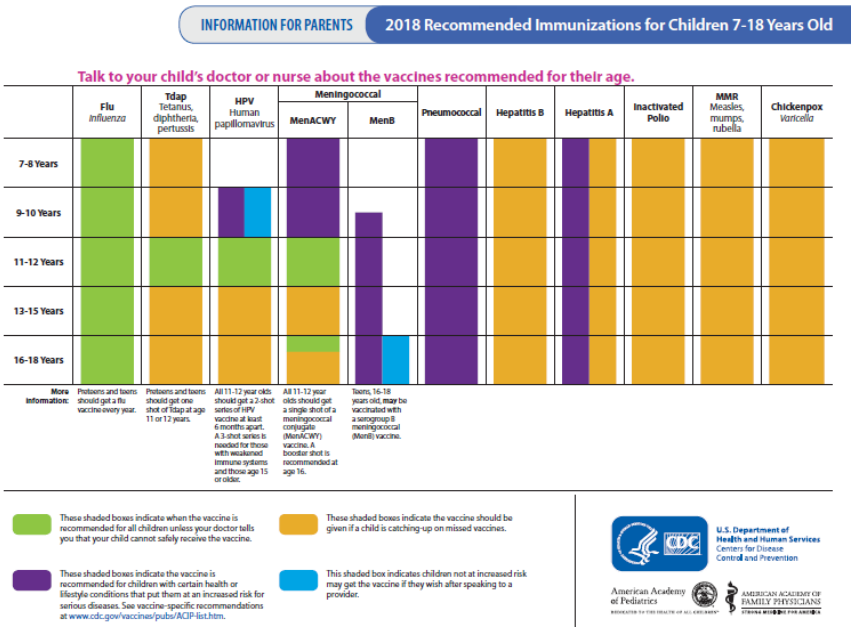
The ACIP provides advice and guidance to the Director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR). For the full recommendation of individual vaccines, visit the ACIP website (click here). In October 2016, the ACIP approved the 2017 Immunization Schedule for children and adolescents birth through 18 years, effective February 1, 2017.[16]

Immunizations should be reviewed and updated as necessary; special attention should be given to students who are enrolling in college and those who are incarcerated or in detention facilities. Vaccines to be received by age 11 to 12:[16]

- Hepatitis A vaccine
- Hepatitis B vaccine
- Measles, mumps, and rubella vaccine
- Varicella vaccine
- A booster dose of tetanus if ≥ 5 years have elapsed since last dose; booster should include the acellular pertussis vaccine (if not acellular pertussis-containing vaccine not previously administered)
- Meningococcal vaccine
- Human papillomavirus vaccine
- Annual influenza vaccine
- Pneumococcal vaccine, for those at high risk for infection

2018 Recommended Immunizations for Children 7-18 Years Old[17]

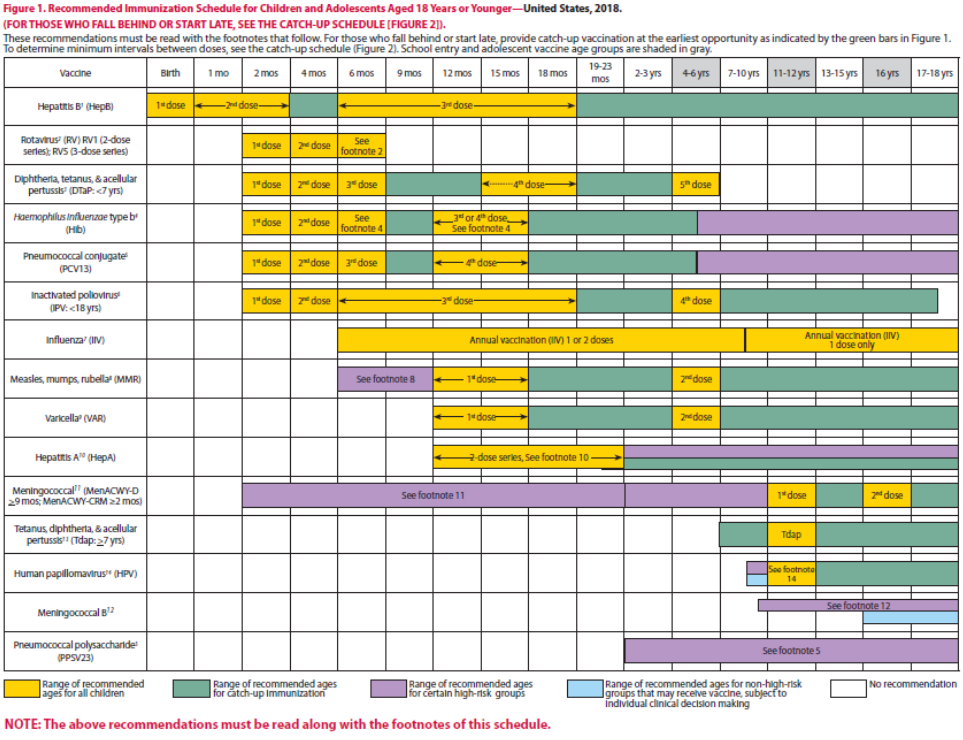
Available at https://www.cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf



Visit the CDC website (here) for additional information on vaccines for preventable diseases.

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States, 2018[18]

The full PDF with footnotes is available at https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf



Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years Who Start Late or Who Are More Than 1 Month Behind, United States, 2018[18]

The full PDF with footnotes is available at https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B[1]	Birth	4 weeks	8 weeks ***and*** at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus[2]	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks[2] Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis[3]	6 weeks	4 weeks	4 weeks	6 months	6 months[3]
Haemophilus influenzae type b[4]	6 weeks	4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks[4] if current age is younger than 12 months **and** first dose was administered at younger than age 7 months, **and** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks ***and*** age 12 through 59 months (as final dose)[4] • if current age is younger than 12 months **and** first dose was administered at age 7 through 11 months; OR • if current age is 12 through 59 months **and** first dose was administered before the 1st birthday, **and** second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) **and** were administered before the 1st birthday. No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate[5]	6 weeks	4 weeks if first dose administered before the 1st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus[6]	6 weeks	4 weeks[6]	4 weeks[6] if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months[6] (minimum age 4 years for final dose).	
Measles, mumps, rubella[8]	12 months	4 weeks			
Varicella[9]	12 months	3 months			
Hepatitis A[10]	12 months	6 months			
Meningococcal[11] (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks[11]	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal[11] (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks[11]			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis[13]	7 years[13]	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	6 months if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus[14]	9 years	Routine dosing intervals are recommended.[14]			
Hepatitis A[10]	N/A	6 months			
Hepatitis B[7]	N/A	4 weeks	8 weeks **and** at least 16 weeks after first dose.		
Inactivated poliovirus[6]	N/A	4 weeks	6 months[6] A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella[8]	N/A	4 weeks			
Varicella[9]	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Recommended Screenings

WellCare Members should receive a "Welcome to WellCare" physical during their first 12 months of enrollment. Providers should discuss the following preventive screenings and tests with the Member to see which ones are right for them. Some may include the items below from Bright Futures / Academy of Pediatrics (AAP) as well as the United States Preventive Services Task Force (USPSTF). Their recommended screenings are listed below:

BRIGHT FUTURES & AMERICAN ACADEMY OF PEDIATRICS (AAP)

The Bright Futures / AAP *Recommendations for Preventive Pediatric Health Care* are available here. In addition to a physical examination, obtaining the Member's history and measurements, the following are recommended by the AAP / Bright Futures as applicable:[3]

- Vision and Hearing Testing

- Developmental Surveillance
- Tobacco, Alcohol, and Drug Use Assessment
- Screening for Anemia, Tuberculosis, and/or Dyslipidemia
- Oral Fluoride Supplementation (through age 16 when primary water source is fluoride deficient)

Additional Bright Futures / AAP screenings are summarized below:

Psychosocial / Behavioral Assessment	• Should be family centered and may include an assessment of the Member's social-emotional health, caregiver depression, and social determinants of health.
Depression Screening	• Recommended tool is the Patient Health Questionnaire (PHQ)-2 or other tools available through the AAP here.
Immunizations	• Adolescents should receive immunizations according to the CDC schedule. • Every visit should be an opportunity to update and complete a child's immunizations.
Sexually Transmitted Infections (STIs)	• Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases* (available here).
HIV	• Adolescents should be screened for HIV according to the USPSTF recommendations (see above under "USPSTF Recommendations").

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF)

The following USPSTF recommendations - follow the link to published screenings applicable to adolescent Members:[9]

- Chlamydia and Gonorrhea: Screening
- Depression in Children and Adolescents: Screening
- Hepatitis B Virus Infection: Screening
- Human Immunodeficiency Virus (HIV) Infection: Screening
- Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening
- Obesity in Children and Adolescents: Screening
- Sexually Transmitted Infections: Behavioral Counseling
- Skin Cancer: Counseling
- Syphilis Infection in Nonpregnant Adults and Adolescents: Screening
- Syphilis Infection in Pregnancy: Screening
- Tobacco Use in Children and Adolescents: Primary Care Interventions

Recommended Assessments

The following organizations have published statements related to adolescent preventive health. Links to their respective publications are provided below:

AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY (AACAP)

The American Academy of Child and Adolescent Psychiatry (AACAP) has published the following statements:

- Adolescent Pregnancy Prevention (2009)[19]
- Autism and Vaccines (2016)[12]
- Children and Guns(2016)[15]
- Electronic Cigarettes (2015)[10]
- Prevention of Bullying Related Morbidity and Mortality (2011)[13]

AMERICAN ACADEMY OF PEDIATRICS (AAP)

The American Academy of Pediatrics (AAP) has published the following statements:

- ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (2011)[11]
- Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants (2016)[20]
- Management of Newly Diagnosed Type 2 Diabetes Mellitus (T2DM) in Children and Adolescents (2013)[14]

Related WellCare Guidelines

WellCare has a library of CPGs on a variety of conditions. In addition to the information contained in this document, please reference the following age-specific Preventive Health CPGs: *Adult (HS-1018), Older Adult (HS-1063),* and *Pediatric (HS-1019).* The CPG *Behavioral Health Screening in Primary Care Settings: HS-1036* addresses common behavioral health concerns. In addition, WellCare has created the Claims Edit Guideline (CEG) *Preventive Health Services: HS-335* to emphasize the Plan's commitment to preventive health screening.

Clinical Policies can be accessed by going to www.wellcare.com – select the Provider tab, then "Tools" and "Clinical Guidelines".

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Easy Choice Health Plan ~ Missouri Care ~ 'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
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Medical Policy Committee Approval History

Date	History and Revisions by the Medical Policy Committee
11/21/2018	• Approved by MPC. Updated recommendations by the USPSTF and Bright Futures.
3/1/2018	• Approved by MPC. Updated immunization tables.
10/15/2017	• Approved by MPC. New.