



## 2018 Adult Preventive Health Care Guidelines for Providers

### OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based recommendations for adult 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

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 women 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 USPSTF 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 an I statement) 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 related national organizations.

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.

### Hierarchy of Support

### GUIDELINE HIERARCHY

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the United States Preventive Services Task Force (USPSTF) recommendations. WellCare aligns with the additional organizations; their recommendations and guidelines are noted 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 adult 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 adult preventive health. Highlights from their recommendations are included below – also 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](http://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.

In addition, annual tuberculin (Mantoux) skin testing for all at-risk Members. At risk may include signs and symptoms of tuberculosis, recent contact with someone diagnosed with tuberculosis, occupational or living hazard of close quarters, and recent immigrants from county with high prevalence of tuberculosis, illicit drug use, compromised immune system, or healthcare workers.

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 Tdap and one td booster every ten (10) years
- *Varicella* – one (1) two dose series for all adults without previous evidence of immunity
- *Human Papilloma Virus (HPV)* - one (1) three dose series up through age 26
- *Shingles (zoster)* – one (1) dose at 60 years of age and older
- *Hepatitis A & B* – combined Hepatitis A & Hepatitis B one (1) three dose series or Hepatitis A one (1) two dose series or Hepatitis B one (1) three dose series provided (any age) for Member requesting protection

WellCare will provide the following family planning and reproductive health services:

- For all Members who are 26 years of age or older, screening should be based on risk factors such as symptoms, new partner, multiple partners, or recent history of another STI.
- For all Members, syphilis screening is recommended if infected with another STI or has risk factors such as men having sex with men, recent incarceration, IV drug use, or commercial sex workers.
- For all Members born in 1945 through 1965, the CDC recommends a one-time screening for Hepatitis C regardless of risk factors. (Blanket screening is not recommended because testing low risk individuals may increase the risk of false positives).

In addition, women aged 40 to 49 are recommended to have biennial mammogram screenings and annual screenings begin at age 50. Clinical breast exams are recommended every one (1) to three (3) years from 20 to 40 years old and annually thereafter. Breast self-awareness to recognize changes can be discussed from age 20 years old. Using one of several tools, women with a family history of breast, ovarian, tubal, or peritoneal cancer should be offered the gene mutation screening for BRCA1 and BRCA2. Subsequent positive testing should be offered genetic counseling. Women who are at increased risk for breast cancer should be counseled and offered risk reducing medication such as selective estrogen response modulators.

**New Jersey**

*Preventive Cancer Screening Requirements.* WellCare complies with the New Jersey requirements to ensure the provision of preventive cancer screening services including, at a minimum, mammography and prostate cancer screening. The program includes the following components:<sup>45</sup>

- Measurement of provider compliance with performance standards;
- Education outreach for both enrollees and practitioners regarding preventive cancer screening services;
- Mammography services for women ages 65 to 75 offered at least annually;
- Screen for prostate cancer scheduled for enrollees aged 65 to 75 at least every two years; and
- Documentation on medical records of all tests given, positive findings and actions taken to provide appropriate follow-up care.

Dental services for children enrolled with NJ FamilyCare are noted below:<sup>49</sup>

<b>Dental Service by Dental Professional</b>	<b>0-1 yr</b>	<b>2-6 yrs</b>	<b>7-20 yrs</b>
A 1. Oral Evaluation (Exam)	Yes	Yes	Yes
2. Caries / Cavities Risk Assessment	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 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 Adult 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 Adult 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 on age/gender/condition specific Adult Preventive Health Care screenings & immunizations
- Assist member with transportation and making appointments for screenings and immunizations as needed
- Assist member with addressing barriers to receiving Adult 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. About 25% of adults experience a mental illness a year and more than half of them do not receive treatment. Integrating behavioral health services in primary care can get patients back to work sooner, increase compliance with medical treatment, lower medical costs and possibly even reduce physician burnout. PCPs should universally screen all their patients for mental health conditions and substance abuse, provide care to patients with mild to moderate behavioral health concerns and 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. Domestic violence risks should also be assessed as well as the quality of the patient's support system. 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, screening all pregnant and perinatal women 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.<sup>50</sup>

### MEMBER EDUCATIONAL RESOURCES

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

## Recommended Screenings

### UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF)

The USPSTF has published over 60 guidelines pertaining to adult preventive health. Topics most common for WellCare members are noted below that received a grade of A, B, or C. The link provided will direct to the most recent USPSTF recommendation.<sup>27</sup>

#### **Behavioral Health**

- [Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care](#)
- [Depression in Adults: Screening](#)
- [Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening](#)

#### **Cancer**

- [BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing](#)
- [Breast Cancer: Medications for Risk Reduction](#)
- [Breast Cancer: Screening](#)
- [Cervical Cancer: Screening](#)
- [Colorectal Cancer: Screening](#)
- [Lung Cancer: Screening](#)
- [Skin Cancer: Counseling](#)

#### **Cardiovascular**

- [Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication](#)
- [Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling](#)
- [Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults: Behavioral Counseling](#)
- [Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication](#)

#### **Other**

- [Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening](#)
- [Hepatitis B in Pregnant Women: Screening](#)
- [Hepatitis B Virus Infection: Screening, 2014](#)
- [Hepatitis C: Screening](#)
- [High Blood Pressure in Adults: Screening](#)
- [Human Immunodeficiency Virus \(HIV\) Infection: Screening](#)
- [Latent Tuberculosis Infection: Screening](#)
- [Obesity in Adults: Screening and Management](#)
- [Osteoporosis: Screening](#)
- [Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions](#)

#### **Pregnancy**

- [Asymptomatic Bacteriuria in Adults: Screening](#)
- [Breastfeeding: Primary Care Interventions](#)
- [Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication](#)
- [Gestational Diabetes Mellitus, Screening](#)
- [Low-Dose Aspirin Use for the Prevention of Morbidity and Mortality From Preeclampsia: Preventive Medication](#)
- [Rh\(D\) Incompatibility: Screening](#)

#### **Sexual Health**

- [Chlamydia and Gonorrhea: Screening](#)
- [Sexually Transmitted Infections: Behavioral Counseling](#)
- [Syphilis Infection in Nonpregnant Adults and Adolescents: Screening](#)
- [Syphilis Infection in Pregnancy: Screening](#)

For recommendations in progress by the USPSTF, click [here](#).<sup>28</sup>

**AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP)**

The AAFP has published guidelines pertaining to adult preventive health. Topics most common for WellCare members are noted below and can be accessed [here](#).<sup>29</sup>

- Hearing Loss
- Hepatitis
- HIV
- Illicit Drug Use
- Immunizations
- Influenza Vaccines
- Lipid Disorders
- Obesity
- OTC Oral Contraceptives
- Pap Smears
- Pelvic Exam or Physical Exams
- Skin Cancer
- Suicide
- Tobacco Use

**AMERICAN CANCER SOCIETY**

In addition to the USPSTF guidelines for colorectal screening, the American Cancer Society published updated guidelines in May 2018. The ACS recommends screening for average-risk adults age 45 years and older to have regular screening with a high-sensitivity stool-based test or a structural (visual) exam (based on personal preferences and test availability).<sup>51</sup>

**OTHER TOPICS**

The Addendum lists cancer-related organizations that WellCare aligns with regarding prevention and screening. In addition, the CDC has published a *Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention* that includes Evidence-Based Interventions (EBIs) and Best Practices. Items are identified by the CDC's Prevention Research Synthesis (PRS) Project through a series of ongoing systematic reviews. The *Compendium* is available at <https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html>.<sup>30</sup>

**Recommended Prevention Education**

The following topics are recommended for discussion with members:

	Age	Frequency	Source
<b>Advance Care Planning</b>	Adults, ≥ 66 years	The percentage of adults 66 years and older who had each of the following during the measurement year: <ul style="list-style-type: none"> <li>• Advance care planning</li> <li>• Medication review</li> <li>• Functional status assessment</li> <li>• Pain assessment</li> </ul>	NCQA <sup>31</sup>
<b>Alcohol Misuse in Adults</b>	Adults ≥ 18 years	Providers should screen adults ≥18 years for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.	USPSTF <sup>32</sup>
<b>Aspirin Use to Prevent Cardiovascular Disease (CVD) and Colorectal Cancer (CRC)</b>	Adults, 50 to 59 years with a ≥10% 10-year CVD risk  Adults, 60 to 69 years with a ≥10% 10-year CVD risk	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) of this population. Other factors include an increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.  The decision to initiate low-dose aspirin use for the primary prevention of CVD and CRC in this population should be an individual one. Persons who are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years are more likely to benefit. Persons who place a higher value on the potential benefits than the potential harms may choose to initiate low-dose aspirin.	USPSTF <sup>33</sup>

	All other adults	Current evidence is insufficient to assess the balance of benefits and harms of initiating aspirin use for the primary prevention of CVD and CRC in adults $\leq 50$ years and adults $\geq 70$ years.	
<b>Aspirin Use to Prevent Morbidity and Mortality from Preeclampsia</b>	Pregnant females, after 12 weeks gestation	81 mg per day as preventive medication for women at high risk for preeclampsia.	USPSTF <sup>34</sup>
<b>Breastfeeding</b>	Females, $\geq 18$ years	Exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant. Medical contraindications to breastfeeding are rare.	American Academy of Pediatrics <sup>35</sup>  American College of Obstetrics and Gynecologists <sup>36</sup>
<b>Calcium Intake - Vitamin D Supplementation (Injury Prevention)</b>	Community-dwelling Adults, $\geq 65$ years  Females, age 19-50 Females, age 51-70 Females, age 71+	The USPSTF concludes that current evidence is insufficient to assess the balance of the benefits and harms of combined vitamin D and calcium supplementation for the primary prevention of fractures in premenopausal women, men, and noninstitutionalized postmenopausal women.  1,000 mg of calcium, 600 IU of vitamin D 1,200 mg of calcium, 600 IU of vitamin D 1,200 mg of calcium, 800 IU of vitamin D  Women should be counseled on the recommended daily dietary allowances for calcium and vitamin D from the Institute of Medicine. A serum vitamin D level of 20 ng per mL (50 nmol per L) is recommended for good bone health.	USPSTF <sup>37</sup>  ACOG <sup>38</sup>
<b>Diet and Physical Activity for Cardiovascular Disease Prevention</b>	Adults	The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.	USPSTF <sup>39</sup>
<b>Folic Acid</b>	Females, including non-childbearing / not trying to conceive	Recommend dosage 0.4-0.8 mg (400 to 800 $\mu$ g) to prevent giving birth to a child with Neural Tube Defects (NTD).	USPSTF <sup>40</sup>
<b>Skin Cancer (Sun Exposure)</b>	Adults, 18-24 years	Counseling for those who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.	USPSTF <sup>41</sup>
<b>Tobacco Smoking Cessation in Adults</b>	Adults (including pregnant women)	Discussion about tobacco use, advise member to stop using tobacco, and provide behavioral interventions, and FDA approved pharmacotherapy for tobacco.	USPSTF <sup>42</sup>

### 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 recommendations, visit the ACIP website ([click here](#)).<sup>43</sup>

**2018 Recommended Immunizations for Adults: By Age and Health Condition<sup>44</sup>**  
Footnotes available at <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf>

**INFORMATION FOR ADULT PATIENTS 2018 Recommended Immunizations for Adults: By Age**

If you are this age, **talk to your health care professional about these vaccines** →

If you are this age,	Flu Influenza	Tdap or Td Tetanus, diphtheria, pertussis	Shingles Zoster		Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV Human papillomavirus		Chickenpox Varicella	Hepatitis A	Hepatitis B	Hib Haemophilus influenzae type b
			RZV	ZVL	PCV13	PPSV23	MenACWY	MenB		for women	for men				
19 - 21 years	Green	Green			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
22 - 26 years	Green	Green			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
27 - 49 years	Green	Green			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
50 - 64 years	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
65+ year	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

**More Information:**

You should get flu vaccine every year.

You should get 1 dose of Tdap if you did not get it as a child or adult. You should also get a Td booster every 10 years. Women should get 1 dose of Tdap during every pregnancy.

There are 2 types of zoster vaccine. You should get 2 doses of RZV at age 50 years or older (preferred) or 1 dose of ZVL at age 60 years or older, even if you had shingles before.

There are 2 types of pneumococcal vaccine. You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

There are 2 types of meningococcal vaccine. You may need one or both types depending on your health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.



**Recommended For You:** This vaccine is recommended for you *unless* your health care professional tells you that you do not need it or should not get it.



**May Be Recommended For You:** This vaccine is recommended for you if you have certain risk factors due to your health condition. Talk to your health care professional to see if you need this vaccine.

**If you are travelling outside the United States, you may need additional vaccines.**  
Ask your health care professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

**INFORMATION FOR ADULT PATIENTS 2018 Recommended Immunizations for Adults: By Health Condition**

If you have this health condition, talk to your health care professional about these vaccines

If you have this health condition,	Flu Influenza	Tdap or Td Tetanus, diphtheria, pertussis	Shingles Zoster		Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV Human papillomavirus		Chickenpox Varicella	Hepatitis A	Hepatitis B	Hib Haemophilus influenzae type b
			RZV	ZVL	PCV13	PPSV23	MenACWY	MenB		for women	for men				
Pregnancy	Green	Green													
Weakened Immune System					Should Not Get Vaccine				Should Not Get Vaccine			Should Not Get Vaccine			
HIV: CD4 count less than 200					Should Not Get Vaccine				Should Not Get Vaccine						
HIV: CD4 count 200 or greater															
Kidney disease or poor kidney function															
Spleen removed or does not work well															
Heart disease Chronic lung disease Chronic alcoholism															
Diabetes (Type 1 or Type 2)															
Chronic Liver Disease															

**More Information:**

- Green:** You should get flu vaccine every year.
- Light Green:** You should get 1 dose of Tdap if you did not get it as a child or adult. You should also get a Td booster every 10 years. Women should get 1 dose of Tdap vaccine during every pregnancy.
- Light Blue:** There are 2 types of zoster vaccine. You should get 2 doses of RZV at age 50 years or older (preferred) or 1 dose of ZVL at age 60 years or older, even if you had shingles before.
- Dark Blue:** There are 2 types of pneumococcal vaccine. You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.
- Light Purple:** There are 2 types of meningococcal vaccine. You may need one or both types depending on your health condition.
- Dark Purple:** You should get this vaccine if you did not get it when you were a child.
- Light Green:** You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.
- Dark Green:** You should get Hib vaccine if you do not have a spleen, have sickle cell disease, or received a bone marrow transplant.

**Legend:**

- Green:** Recommended For You: This vaccine is recommended for you unless your health care professional tells you that you do not need it or should not get it.
- Light Blue:** May Be Recommended For You: This vaccine is recommended for you if you have certain other risk factors due to your health condition. Talk to your health care professional to see if you need this vaccine.
- Light Purple:** YOU SHOULD NOT GET THIS VACCINE

**For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines**

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CS272886-G

**Recommended Assessments**

All adults should be screened for tobacco and alcohol misuse as well as depression at their initial preventive care visit as well as at subsequent visits. Additional information can be found in the CPG *Behavioral Health Screening in Primary Care Settings: HS-1036* which addresses common mental health concerns.

**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: *Adolescent (HS-1051)*, *Older Adult (HS-1063)*, and *Pediatric (HS-1019)*. The CPG *Behavioral Health Screening in Primary Care Settings: HS-1036* addresses common mental 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](http://www.wellcare.com) – select the Provider tab, then “Tools” and “Clinical Guidelines”.

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## Disclaimer

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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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 WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

## Medical Policy Committee Approval History

Date	History and Revisions
11/1/2018	<ul style="list-style-type: none"> <li>Approved by MPC. Inclusion of American Cancer Society guidelines for colorectal cancer screening (changed from age 50 to age 45).</li> </ul>
3/1/2018	<ul style="list-style-type: none"> <li>Approved by MPC. Updated immunization tables.</li> </ul>
10/5/2017	<ul style="list-style-type: none"> <li>Approved by MPC. Included Care Management section. Enhanced overall design.</li> </ul>
8/15/2016	<ul style="list-style-type: none"> <li>Approved by MPC. Inclusion of additional items for the Illinois market.</li> </ul>
7/7/2016	<ul style="list-style-type: none"> <li>Approved by MPC. Inclusion of items for the Illinois market.</li> </ul>
4/20/2016	<ul style="list-style-type: none"> <li>Approved by MPC. Addition of USPSTF recommendations, updated immunization schedules.</li> </ul>
11/5/2015	<ul style="list-style-type: none"> <li>Approved by MPC. Inclusion of diabetes screening recommendations (USPSTF, ADA).</li> </ul>
9/17/2015	<ul style="list-style-type: none"> <li>Approved by MPC. Updated with New Jersey specific items.</li> </ul>
5/7/2015, 2/17/2014, 3/7/2013, 6/7/2012	<ul style="list-style-type: none"> <li>Approved by MPC. Updated annual immunization tables.</li> </ul>
9/6/2012	<ul style="list-style-type: none"> <li>Approved by MPC. Inserted Hepatitis C recommendations from the CDC (2012).</li> </ul>
5/19/2011	<ul style="list-style-type: none"> <li>Approved by MPC. New.</li> </ul>

## Addendum

### AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO)

In addition, WellCare adheres to the practice guidelines set forth by the American Society of Clinical Oncology. The guidelines can be accessed [here](#). Topics include types of cancer and the following:<sup>46</sup>

- [Assays and Predictive Markers](#)
- [Supportive Care and Quality of Life](#)
- [Survivorship](#)
- [Treatment-Related Issues](#)

### NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN)

WellCare adheres to the practice guideline set forth by the National Comprehensive Cancer Network (NCCN) Guidelines that can be accessed [here](#). Guidelines are categorized by site as well as by:<sup>47</sup>

- Detection, prevention and risk reduction;
- Supportive care;
- Age related recommendations; and
- Patient education.

NOTE: Readers will be prompted to register for a free membership in order to access the guidelines.

### AMERICAN CANCER SOCIETY (ACS)

In addition, WellCare adheres to the American Cancer Society (ACS) Guidelines for the Early Detection of Cancer:<sup>48</sup>

**Breast Cancer.** Women should be screened with MRIs along with mammograms if there is a family history, a genetic tendency, or certain other factors. Providers should discuss risk for breast cancer and the best screening plan for these patients. In addition, the following guidelines are recommended by the ACS:

- **Women ages 40 to 44** – start annual breast cancer screening with mammograms (if patient chooses).
- **Women age 45 to 54** – annual mammogram.
- **Women 55+** – biennial mammogram (every 2 years) or can continue yearly screening; continue as long as a woman is in good health and is expected to live 10 more years or longer.
- **All women** should become familiar with the known benefits, limitations, and potential harms linked to breast cancer screening.

*Colon and Rectal Cancer and Polyps.* Starting at age 50, both men and women should follow one of the following testing plans. Patients at high risk of colon cancer based on family history or other factors may be screened using a different schedule:

**Tests that find polyps and cancer**

- Flexible sigmoidoscopy every 5 years\*; **OR**
- Colonoscopy every 10 years; **OR**
- Double-contrast barium enema every 5 years\*; **OR**
- CT colonography (virtual colonoscopy) every 5 years\*

**Tests that mostly find cancer**

- Yearly guaiac-based fecal occult blood test (gFOBT)\*\*; **OR**
- Yearly fecal immunochemical test (FIT)\*\*; **OR**
- Stool DNA test (sDNA) every 3 years\*

\* If the test is positive, a colonoscopy should be done.

\*\* The multiple stool take-home test should be used. 1 test done in the office is not enough. A colonoscopy should be done if the test is positive.

*Cervical Cancer*

- **Cervical cancer testing should start at age 21.** Women under age 21 should not be tested.
- **Women between the ages of 21 and 29** should have a Pap test done every 3 years. HPV testing should not be used in this age group unless it's needed after an abnormal Pap test result.
- **Women between the ages of 30 and 65** should have a Pap test plus an HPV test (called "co-testing") done every 5 years. This is the preferred approach, but it's OK to have a Pap test alone every 3 years.
- **Women over age 65** who have had regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Once testing is stopped, it should not be started again. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65.
- **A woman who has had her uterus and cervix removed (a total hysterectomy)** for reasons not related to cervical cancer and who has no history of cervical cancer or serious pre-cancer should not be tested.
- **All women who have been vaccinated against HPV** should still follow the screening recommendations for their age groups.
- Some women may need to follow a different screening schedule due to health history (e.g., HIV infection, organ transplant, DES exposure, etc.).

*Endometrial (Uterine) Cancer.* At the time of menopause, all women should be told about the risks and symptoms of endometrial cancer. Women should report any unexpected vaginal bleeding or spotting to their doctors. Some women due to their history may need to consider having a yearly endometrial biopsy.

*Lung Cancer.* The ACS does not recommend tests to check for lung cancer in people who are at average risk.

Screening guidelines for those at high risk of lung cancer due to cigarette smoking include:

- 55 to 74 years of age
- In good health
- Have at least a 30 pack-year smoking history AND are either still smoking or have quit within the last 15 years (A pack-year is the number of cigarette packs smoked each day multiplied by the number of years a person has smoked. Someone who smoked a pack of cigarettes per day for 30 years has a 30 pack-year smoking history, as does someone who smoked 2 packs a day for 15 years.)

Screening is done with an annual low-dose CT scan (LDCT) of the chest. If you fit the list above, talk to a health care provider if you want to start screening.

*Prostate Cancer.* The ACS recommends that men make an informed decision with a health care provider about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. We believe that men should not be tested without first learning about what we know and don't know about the risks and possible benefits of testing and treatment.

- Starting at age 50, men should talk to a health care provider about the pros and cons of testing.
- Men who are African American or have a father or brother who had prostate cancer before age 65 should talk to a provider about screening at age 45.
- Men who are tested should get a PSA blood test with or without a rectal exam; the frequency of testing depends on the patient's PSA level.

*Cancer-Related Check-Ups.* For people aged 20 or older who get periodic health exams, a cancer-related check-up should include health counseling and, depending on a person's age and gender, exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some other diseases besides cancer.