



2018 Older Adult Preventive Health Care Guidelines

OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based recommendations for older 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 routine vaccinations to prevent diseases and available screenings with Members. 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 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 other related national organizations.¹

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) 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 older 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 older 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 *Measures of Compliance*.

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.

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 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

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:⁴⁵

- 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.

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 Older 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 Older 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 Older 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 Older 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.²

MEMBER EDUCATIONAL RESOURCES

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

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. At a minimum, WellCare Members receive the following:

What to Get	When to Get It
Annual Physical Exam	Every Year*
Annual Wellness Visit	Every Year
Flu Shot	Early Autumn Every Year
Diabetes Screenings and Tests	Every Year for Those At Risk
Glaucoma Test	Every Year for Those At Risk
Cholesterol Test, including LDL-C	Every Year for Those At Risk
Mammogram	Every Year for Women Over 40
Pelvic Exam and Pap Test	Every 2 Years
Prostate Cancer Screening	Every Year
Pneumonia Shot	As Recommended by PCP
Bone Density Screening	Every 2 Years for Those At Risk
Colorectal Cancer Screening	As Recommended by PCP

* Recommendations for periodic health exam visits for asymptomatic adults include:

- **Ages 40 to 64** – Every 1 to 2 years, based on risk factors.
- **Ages 65+** – Every year

A baseline physical exam visit should occur for all new non-pregnant adult members regardless of age, within

the first 90 days of enrollment. The visit includes monitoring of Blood Pressure, Height, and Body Mass Index (BMI) as well as the recommended screenings and immunizations on the following pages.

NOTE: Providers in Illinois, please reference the market specific criteria above.

Well Woman Visits

Components of exams are based on the member's age, medical history, symptoms and Provider findings. Evidenced-based annual preventive well woman care that should be provided to female members includes an examination that may vary but should include, at minimum: routine vital signs, body mass index, palpation of abdominal and inguinal lymph nodes, and visual inspection of breast and genitalia. Exams will include age appropriate discussions and anticipatory guidance related to reproductive health issues. Education will include, but not be limited to chronic disease management, breastfeeding reinforcement, reproductive life planning, and emphasis on the most effective method of family planning, specifically intrauterine devices or the implant. Preconception and inter-conception care and reproductive life planning should also be provided as needed to members.

NOTE: In Illinois, a routine pelvic exam is not required for Members 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 Screenings

Screening	Age	Frequency	Source
CANCER			
Breast Cancer / Mammography	Females, age 50-74	Every 2 years. The USPSTF states that beginning regular, biennial screening \leq age 50 years is an individual decision; patient values regarding specific benefits and harms should be considered. The American Cancer Society (ACS) ³ recommends that those age 45-54 years with an average risk of breast cancer should begin regular, annual screening. Females age \geq 55 years should transition to screening every two years or have the opportunity to continue screening annually, if desired. Women should continue screening mammography as long as their overall health is good and they have a life expectancy of 10 years or longer. The ACS does not recommend clinical breast examination for breast cancer screening among average-risk women at any age.	USPSTF ³ American Cancer Society ⁴
	Females, \geq 40 years	Mammograms should begin at 40 years; clinical breast examinations should also continue.	ACOG ⁵
	<u>Illinois Only</u> Females, \geq 40 years	Annual clinical breast examination.	
Cervical Cancer (HPV)	Females, \leq 21 years	The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.	USPSTF ⁶
	Females, $<$ 30 years, HPV testing	The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.	
	Females, \geq 65 years	The USPSTF recommends against screening for cervical cancer in women older than age 65 years who have had adequate prior screening and are not	

		otherwise at high risk for cervical cancer. NOTE: Screening is not recommended in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion or cervical cancer.	
Colorectal Cancer	Adults, ≥ 50 years (until age 75)	Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults. The risks and benefits of these screening methods vary.	USPSTF ⁷
	Adults, age 45 and older	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).	American Cancer Society ⁴¹
	Adults, ≥ 50 years	Every 10 years, beginning at age 50. The ACG realizes that some individuals are not willing to undergo colonoscopy for screening purposes; they should be offered an alternative CRC prevention test (flexible sigmoidoscopy every 5–10 years, or a computed tomography (CT) colonography every 5 years) or a cancer detection test (fecal immunochemical test for blood, FIT).	American College of Gastroenterology ⁸
All Other Cancers	Adults	For a listing of all USPSTF cancer related recommendations, see the USPSTF section below which includes links to recommended screenings on a variety of cancers. The Addendum also includes additional information from the ACS, ASCO, and NCCN.	USPSTF, American Cancer Society (ACS), American Society of Clinical Oncology (ASCO), National Comprehensive Cancer Network (NCCN)
CHRONIC CONDITIONS			
Cholesterol	Males, ≥ 35 years Females, ≥ 45 years	The USPSTF concludes that the benefits of screening for and treating lipid disorders in these populations at increased risk for coronary heart disease substantially outweigh the potential harms.	USPSTF ⁹
	Males, 20-35 years Females, ≥ 20 years	The USPSTF makes no recommendation for or against routine screening for lipid disorders in these populations who are not at increased risk for coronary heart disease.	
Diabetes	Adults, 40 to 70 years (overweight or obese)	Screening for abnormal blood glucose is recommended as part of cardiovascular risk assessment. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity. Adults who are overweight (BMI >25 kg/m ² *) with risk factors^ should be screened.	USPSTF ¹⁰ American Diabetes Association ¹¹
	Asymptomatic Pregnant Women	Screening for gestational diabetes mellitus (GDM) in asymptomatic pregnant women after 24 weeks of gestation is recommended. Current evidence is insufficient to assess the balance of benefits and	USPSTF ¹²

		harms of screening for GDM in asymptomatic pregnant women before 24 weeks of gestation.	
Hearing	Adults, \geq 50 years	Evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults.	USPSTF ¹³
Hepatitis B	Adults	Screening in persons at high risk for infection.	USPSTF ¹⁴
Hepatitis C	Adults	Screening in persons at high risk for infection; offer 1-time screening for HCV infection to adults born between 1945 and 1965.	USPSTF ¹⁵
High Blood Pressure	Adults, \geq 18 years	Obtaining measurements outside of the clinical setting for diagnostic confirmation before starting treatment.	USPSTF ¹⁶
HIV	Adults, 15 to 65 years	Clinicians should screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. All pregnant women should also be screened for HIV, including those who present in labor who are untested and whose HIV status is unknown.	USPSTF ¹⁷
Osteoporosis (Bone Mass Measurement)	Female \geq 65 years old or \leq 65 years at risk	For younger women whose fracture risk is equal to or greater than that of a 65-year old white woman with no additional risk factors.	USPSTF ¹⁸
	Males, All	Current evidence is insufficient to assess the balance of benefits and harms of screening.	USPSTF ¹⁸
Sexually Transmitted Infections (STIs)	Females, \leq 24 years; older women at increased risk	Chlamydia screening for sexually active women.	USPSTF ¹⁹
	Males, Females	Gonorrhea screening for sexually active women.	USPSTF ¹⁹
	Adults (All)	Syphilis screening for those at at-risk and for all pregnant women.	USPSTF ^{20,21}
	Adults (All)	Routine Herpes screening is not recommended in asymptomatic adults, including pregnant women at any time during pregnancy.	USPSTF ²²
Vision Screening (including glaucoma or diabetic retinal exam as needed)	Adults 65 years or older	Intensive behavioral counseling for all sexually active adults who are at increased risk for STIs.	USPSTF ²³
	Adults \geq 61 years	The USPSTF concludes that current evidence is insufficient to assess the balance of benefits and harms of screening for impaired visual acuity. Annually or as recommended	USPSTF ²⁴
	Adults, age 55 to 64	Baseline comprehensive eye evaluation.	American Optometric Association ²⁵
	Adults, \geq 65 years	Every 1 to 3 years if no risk factors.##	American Academy of Ophthalmology ²⁶
		Every 1 to 2 years if no risk factors.##	

+ The American Diabetes Association recommends the following criteria for asymptomatic adults:¹⁰

- Testing should be considered in all adults who are overweight (BMI > 25 kg/m²) and have additional risk factors:
- Physical inactivity
- First-degree relative with diabetes
- High-risk ethnic populations (African American, Latino, Native American, Asian American, Pacific Islander)
- Women who delivered a baby weighing > 9 lb or were diagnosed with GDM
- Women with a history of hypertension (> 140/90 mmHg or on therapy for hypertension)
- HDL cholesterol level <35 mg/dl (0.90 mmol/l) and/or a triglyceride level >250 mg/dl (2.82 mmol/l)
- Women with polycystic ovarian syndrome
- A1C > 5.7%, IGT, or IFG on previous testing
- Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)

- history of CVD
- If results are normal, testing should be repeated at least at 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.

^ Diabetes screening risk factors:

- Physical inactivity
- First-degree relative with diabetes
- High-risk ethnic populations (African American, Latino, Native American, Asian American, Pacific Islander)
- Women who delivered a baby weighing > 9 lb or were diagnosed with GDM
- Women with a history of hypertension (> 140/90 mmHg or on therapy for hypertension)
- HDL cholesterol level <35 mg/dl (0.90 mmol/l) and/or a triglyceride level >250 mg/dl (2.82 mmol/l)
- Women with polycystic ovary syndrome
- A1C > 5.7%, IGT, or IFG on previous testing
- Other clinical conditions associated with insulin resistance (e.g., severe obesity, acanthosis nigricans)
- history of CVD
- If results are normal, testing should be repeated at least at 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.

Patients at risk include those:¹⁶

- With diabetes, hypertension, or a family history of ocular disease (e.g., glaucoma, macular degeneration)
- Working in occupations that are highly demanding visually or eye hazardous
- Taking prescription or nonprescription drugs with ocular side effects
- Wearing contact lenses
- Who have had eye surgery
- With other health concerns or conditions

Members who develop diabetes mellitus type 1 should be examined by an ophthalmologist 5 years after disease onset and at least yearly thereafter. Individuals who develop diabetes mellitus type 2 should be examined at the time of diagnosis and at least yearly thereafter. Women with type 1 or type 2 diabetes should receive a comprehensive eye examination before conception and then early in the first trimester of pregnancy. Recommended intervals for subsequent examinations depend upon the level of retinopathy.

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>.²⁷

Recommended Prevention Education

The following topics are recommended for discussion with members:

	Age	Frequency	Source
Advance Care Planning	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"> • Advance care planning • Medication review • Functional status assessment • Pain assessment 	NCQA ²⁸
Alcohol Misuse in Adults	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 ²⁹
Aspirin Use to Prevent Cardiovascular Disease (CVD) and Colorectal Cancer (CRC)	Adults, 50 to 59 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.	USPSTF ^{30,31}

	Adults, 60 to 69 years with a $\geq 10\%$ 10-year CVD risk	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.	
	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 < 50 years and adults ≥ 70 years.	
Calcium Intake - Vitamin D Supplementation (Injury Prevention)	Community-dwelling Adults, ≥ 65 years	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.	USPSTF ³²
	Females, age 19-50	1,000 mg of calcium, 600 IU of vitamin D	ACOG ^{33,34}
	Females, age 51-70	1,200 mg of calcium, 600 IU of vitamin D	
	Females, age 71+	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.	
Diet and Physical Activity for Cardiovascular Disease Prevention	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 ³⁵
Tobacco Smoking Cessation in Adults	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 ³⁶

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](#)).³⁷

2018 Recommended Immunizations for Adults: By Age and Health Condition³⁸
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			Blue	Blue	Blue	Blue	Green	Green		Green	Blue	Blue	Blue
22 - 26 years	Green	Green			Blue	Blue	Blue	Blue	Green	Blue		Green	Blue	Blue	Blue
27 - 49 years	Green	Green			Blue	Blue	Blue	Blue	Green			Green	Blue	Blue	Blue
50 - 64 years	Green	Green	Green	Green	Blue	Blue	Blue	Blue	Green <small>If born in 1957 or later</small>			Green	Blue	Blue	Blue
65+ year	Green	Green	Green	Green	Blue	Blue	Blue	Blue				Green	Blue	Blue	Blue

More Information:

- Flu:** You should get flu vaccine every year.
- Tdap or Td:** 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.
- Shingles:** 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.
- Pneumococcal:** 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.
- Meningococcal:** There are 2 types of meningococcal vaccine. You may need one or both types depending on your health condition.
- HPV:** 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 traveling 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



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			Green	Green									
Weakened Immune System	Green	Green		Should Not Get Vaccine	Green	Green			Should Not Get Vaccine	Green	Green	Should Not Get Vaccine	Green	Green	Green
HIV: CD4 count less than 200	Green	Green		Should Not Get Vaccine	Green	Green			Should Not Get Vaccine	Green	Green	Should Not Get Vaccine	Green	Green	Green
HIV: CD4 count 200 or greater	Green	Green		Green	Green	Green			Green	Green	Green	Green	Green	Green	Green
Kidney disease or poor kidney function	Green	Green	Green	Green	Green	Green			Green	Green	Green	Green	Green	Green	Green
Spleen removed or does not work well	Green	Green		Green	Green	Green			Green	Green	Green	Green	Green	Green	Green
Heart disease Chronic lung disease Chronic alcoholism	Green	Green		Green	Green	Green			Green	Green	Green	Green	Green	Green	Green
Diabetes (Type 1 or Type 2)	Green	Green		Green	Green	Green			Green	Green	Green	Green	Green	Green	Green
Chronic Liver Disease	Green	Green		Green	Green	Green			Green	Green	Green	Green	Green	Green	Green

More Information:

- Flu Influenza:** You should get flu vaccine every year.
- Tdap or Td Tetanus, diphtheria, pertussis:** 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.
- Shingles Zoster:** 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.
- Pneumococcal:** 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.
- Meningococcal:** There are 2 types of meningococcal vaccine. You may need one or both types depending on your health condition.
- HPV Human papillomavirus:** You should get this vaccine if you did not get it when you were a child.
- Hib Haemophilus influenzae type b:** You should get Hib vaccine if you do not have a spleen, have sickle cell disease, or received a bone marrow transplant.

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

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 other risk factors due to your health condition. Talk to your health care professional to see if you need this vaccine.
 YOU SHOULD NOT GET THIS VACCINE



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)*, *Adult (HS-1018)*, 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 – select the Provider tab, then “Tools” and “Clinical Guidelines”.

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Medical Policy Committee Approval History

Date	History and Revisions by the Medical Policy Committee
11/1/2018	<ul style="list-style-type: none"> • Approved by MPC. Inclusion of American Cancer Society guidelines for colorectal cancer screening (changed from age 50 to age 45).
3/1/2018	<ul style="list-style-type: none"> • Approved by MPC. Updated immunization tables.
10/15/2017	<ul style="list-style-type: none"> • Approved by MPC. New.

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:³⁹

- [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:⁴⁷

- 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:⁴⁰

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 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*

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

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*

** 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

- **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.